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# **1998 Health Care Survey of DoD Beneficiaries:**

## **Key Findings for Region 1**

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## Acronyms

AFB	Air Force Base
AMC	Army Medical Center
CAHPS	Consumer Assessment of Health Plans Study
CONUS	Continental United States, Alaska, and Hawaii
CTF	Civilian Treatment Facility
DEERS	Defense Enrollment Eligibility Reporting System
DOD	Department of Defense
ER	Emergency Room
HCSDB	Health Care Survey of DoD Beneficiaries
HEAR	Health Enrollment/Evaluation Assessment Review
MHS	Military Health System
MTF	Military Treatment Facility
NH	Naval Hospital
NMC	Naval Medical Center
NNMC	National Naval Medical Center
OCONUS	Outside Continental United States (except Alaska, and Hawaii)
PCM	Primary Care Manager
PIP	Performance Improvement Plan
TRICARE	Tri-Service Health Care
TMA	TRICARE Management Activity

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## Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

This report presents the 1998 survey findings for Region 1. The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. The following are the key research questions behind the survey design:

- How *satisfied* are DoD beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- Has beneficiaries' use of MHS services changed over time?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?
- What are the demographic characteristics of MHS beneficiaries?

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, covering all persons eligible for a MHS benefit on July 29, 1998. In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Region 1 sample included 21,711 adults. Overall, 8,815 Region 1 MHS beneficiaries returned completed questionnaires by the due date. The Region 1 response rate was 41.3 percent.

## Summary of Noteworthy Findings

### Satisfaction with TRICARE

#### Personal Doctors, Nurses, and Primary Care Managers (PCMs)

- When asked to rate their personal doctor or nurse on a scale from 0 to 10, beneficiaries in Region 1 and in the continental U.S. military health system (CONUS MHS) overall rated their providers similarly, 8.4 and 8.3 respectively. The civilian benchmark is 8.1, taken from the Consumer Assessment of Health Plans Study (CAHPS) national benchmarking database, version 1, developed by The Picker Institute.
- Two groups of TRICARE Prime enrollees, active duty with a military PCM and *non-active* duty with a civilian PCM, were significantly less satisfied with their PCMs compared with other Region 1 beneficiaries and CONUS MHS beneficiaries overall.
- Active duty TRICARE Prime enrollees with a military PCM gave their personal doctor a 7.6 rating, the lowest rating among Region 1 beneficiary groups and significantly lower than the CONUS MHS 8.3 average.

#### Military and Civilian Facilities

- When asked to rate the facility they use the most on a scale from 0 to 10, Region 1 beneficiaries gave MTFs a 7.2 rating. The CTF rating was 8.2. The civilian benchmark is 8.0. Active duty Prime enrollees were the least satisfied with military care. They rated MTFs 6.7.
- Satisfaction with military care improved in 1998. The overall proportion of Region 1 beneficiaries who were satisfied with MTFs increased from 65 percent to 70 percent between 1997 and 1998. TRICARE Prime beneficiaries reported even greater improvement in 1998, whether active duty (from 62 percent to 70 percent) or non-active duty (from 54 percent to 74 percent).
- In Region 1 and throughout the MHS, beneficiaries were more satisfied with care from CTFs than from MTFs. Satisfaction with MTFs ranged from 59 percent in Region 5 to 75 percent in Latin America. In Region 1 it was 69 percent. Satisfaction with CTFs ranged from 72 percent in Asia to 88 percent in Region 6, 87 percent in Region 1.

#### TRICARE Prime Enrollment Intentions

- Twelve percent of non-active duty TRICARE Prime enrollees with military PCMs said they intend to *disenroll* from TRICARE Prime. In CONUS MHS overall, 7 percent with military PCMs and 9 percent with civilian PCMs planned to disenroll.

- On the other hand, 9 percent of beneficiaries not enrolled in Prime in Region 1 said they plan to enroll in TRICARE Prime.

#### **Satisfaction with Health Plan**

- Health plan satisfaction is generally low. When asked to rate the health plan they use the most on a scale from 0 to 10, Region 1 beneficiaries gave their health plans an average rating of 6.5, similar to the CONUS MHS average of 6.6. The civilian benchmark is 7.3.
- Region 1 beneficiaries who use Medicare or other insurance most often rated their health plans more highly than beneficiaries who use a TRICARE plan. Medicare was rated 7.9. "Other insurance" was rated 7.6.
- In contrast, beneficiaries who use a TRICARE plan most often were the least satisfied group. Active duty enrollees under age 65 rated TRICARE Prime 5.1. Their non-active duty counterparts gave TRICARE Prime a 6.1 rating. Standard/Extra beneficiaries rated their health plan 5.8.

#### **Knowledge and Understanding of TRICARE**

- Understanding of TRICARE improved in every region between 1997 and 1998. In Region 1, the improvement was substantial. When asked, "How well do you feel you understand TRICARE overall," the proportion of beneficiaries with "no understanding" dropped from 46 percent to 24 percent.
- Despite the widespread improvement in TRICARE understanding, findings in every MHS region indicate that more than one in five beneficiaries (at a minimum 21 percent) say they have "no understanding of TRICARE".

### **Access to Health Care**

#### **Waiting Times**

- There was little variation in access to well-patient visits by beneficiary groups in Region 1. The proportion waiting less than the 4 weeks for well-patient appointments at a MTF ranged from 80 percent of TRICARE beneficiaries under age 65 and not enrolled in Prime to 89 percent of active duty Prime enrollees.
- Overall, 18 percent of beneficiaries reported usually or always waiting more than 30 minutes to be seen in a MTF, 14 percent in a CTF. A large proportion of active duty TRICARE Prime enrollees reported long waits in both MTFs (21 percent) and CTFs (31 percent), worse than any other beneficiary group in Region 1.

### **Access**

- Access to specialty care is most problematic among TRICARE Prime enrollees. More than one in four active duty TRICARE Prime enrollees (27 percent) reported having a “big problem” getting a referral to see a specialist. Nineteen percent of non-active duty TRICARE Prime enrollees reported a “big problem”.
- TRICARE Prime enrollees were also the beneficiary group most likely to report problems getting care they or a doctor felt “necessary” followed by TRICARE Standard/Extra enrollees. In Region 1, 12 percent of active duty and 11 percent of non-active duty TRICARE Prime enrollees said they had a “big problem” getting access to needed care, compared to 6 percent of Standard/Extra users.

## **Health Status and Health Care Use**

### **Physical and Mental Health**

- Region 1 beneficiaries appear to be in better physical and mental health compared to their civilian counterparts. Forty-five percent had a physical health score below the 50<sup>th</sup> percentile score for the U.S. population.
- All the beneficiary groups scored substantially higher in mental health than their peers in the U.S. population. Overall, 36 percent of Region 1 beneficiaries had mental health scores below the 50<sup>th</sup> percentile score for the U.S. population.

### **Outpatient Utilization**

- Ten percent of beneficiaries reported using a MTF emergency room at least once in the past 12 months and 15 percent reported using a CTF emergency room.
- Beneficiaries in the region and in CONUS MHS overall made an average of 3.1 and 3.2 outpatient visits to MTFs in 1998 reflecting no significant change from 1997.
- There were changes in the number of outpatient visits to MTFs by 3 beneficiary groups. Visits by non-active duty beneficiaries enrolled in Prime rose from 4.0 in 1997 to 5.6 in 1998. The reverse trend occurred among beneficiaries *not* enrolled in Prime. In this group, visits dropped from 2.5 to 1.9, for those under age 65, and from 2.5 to 1.7 for those age 65 and over.

### **Use of Military Pharmacies**

- Relying on military pharmacies for civilian prescriptions is most common among retirees and their survivors or dependents age 65 or over, 20 percent obtained at least 7 civilian prescriptions at a military pharmacy. This compares with only 2 percent of active duty beneficiaries under 65 and 6 percent of other beneficiaries under age 65.

## Use of Preventive Services

- MHS delivery of preventive services in Region 1 meets or exceeds the goals set by *Healthy People 2000* for prenatal care, breast and cervical cancer screening, hypertension, and flu shots.
- Ninety-two percent of pregnant women reported first trimester prenatal care.
- Almost 9 in 10 women age 50 and over (87 percent) were screened for breast cancer in the previous two years.
- Eighty-eight percent of women had a Pap smear in the past 3 years. Women enrolled in TRICARE Prime with military PCMs had the highest Pap smear rate (94 percent) compared with other beneficiary groups in Region 1.
- Ninety-four percent of beneficiaries had a blood pressure reading in the past 2 years and knew if their blood pressure was too high.
- Eighty percent of beneficiaries age 65 or over in Region 1 had a flu shot in the past 12 months.
- Region 1 ranked second among the regions in rates of prostate screening. Seventy-one percent of men age 50 were screened for prostate disease in the past 12 months.

## Performance Improvement Plan

The Performance Improvement Plan analysis highlights the features of MHS health care that, if improved, can lead to greater beneficiary satisfaction. This year's HCSDB revealed that the following aspects of care were critical to overall beneficiary satisfaction in Region 1 but nevertheless received relatively low satisfaction ratings:

- Access to health care
- Access to specialists
- Ability to diagnose health care problems

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## Chapter

# 1

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## Introduction

### Overview of the Health Care Survey of DoD Beneficiaries (HCSDB)

The HCSDB is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

### Research Objective

The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. This report presents findings from the survey. The exhibits address the following key research questions.

- How *satisfied* are MHS beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- Has beneficiaries' use of MHS services changed over time?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?

## The HCSDB in Context with Other MHS Surveys

DoD conducts a number of consumer surveys related to the health and health care of MHS beneficiaries. However, only the HCSDB represents *all* MHS beneficiaries in the continental U.S., Alaska, and Hawaii (CONUS), and in Europe, Latin America, and Asia (OCONUS). It is also the only survey that reflects health care experiences at *both* MTFs and CTFs over a full 12-month period. Furthermore, no other DoD health-related survey collects information on the opinions and experiences of the overall MHS population, including active duty personnel and their families, retirees and their dependents, TRICARE Prime enrollees, Medicare beneficiaries, and MHS beneficiaries who chiefly rely on civilian providers and facilities despite having TRICARE benefits.

Other relevant DoD surveys include:

- **Health Enrollment/Evaluation Assessment Review (HEAR).** HEAR is a clinically oriented questionnaire completed by beneficiaries as they enroll in TRICARE Prime. The collection of health assessment data identifies individuals who have high risk factors for diseases, chronic conditions, and assesses the need for preventive or other medical services.
- **MTF Customer Satisfaction Survey.** This survey is mailed monthly to patients who were seen in the previous month at a MTF or freestanding clinic in the United States and Europe. The survey measures satisfaction with services received during a specific outpatient visit. Monthly reporting allows MTFs to be directly compared over time, with each other, and with civilian benchmarks.
- **Survey of Health-Related Behaviors among Military Personnel.** Conducted approximately every three years, this survey collects worldwide data only from active duty personnel on drug and alcohol use, fitness and cardiovascular disease risks, mental health, risk of injury, and other health-related behaviors.

## Available Reports Based on the 1998 HCSDB

The following four types of reports are based on the 1998 HCSDB. The reports can be obtained via the TRICARE website at <http://www.TRICARE.OSD.mil>.

- **Key Findings for Regions:** The 15 regional reports summarize selected 1998 HCSDB findings. There is a report for each region in CONUS and one for each overseas region. Regions 7 and 8 have a combined report. The regional reports are identical in design. Each contains 24 bar graphs, or exhibits, that show the survey findings for a given region. Findings are reported for active and non-active duty MHS beneficiaries who were enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime health plan. Findings are also reported by age group (under age 65 or age 65 and over), type of PCM, and type of facility (military vs. civilian). Some exhibits also show comparisons of regional findings to overall CONUS MHS findings and to other regional findings. Lead Agents are encouraged to share this report with their staff members, MTF commanders, and other relevant officers with management responsibilities.

- **National Executive Summary Report:** This year's National Executive Summary Report of the HCSDB findings is the first of its kind. It mirrors the regional reports in design but covers the survey findings for all MHS beneficiaries residing within CONUS.
- **Summary Reports on Catchment Areas:** There are 15 catchment area reports. There is one for each region. The catchment reports are intended to give MTF commanders information specific to their particular catchment area. Similar to the regional reports, the catchment reports focus principally on active and non-active duty MHS beneficiaries enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime health plan. Catchment findings are also presented by age group (under age 65 or age 65 and over), type of PCM, and type of facility (military vs. civilian).
- **Medicare Subvention Demonstration Report:** The Medicare Subvention Demonstration has been sponsored by TRICARE and the Health Care Financing Administration to test a new system for financing health care for military retirees and their dependents age 65 and over. Elderly beneficiaries in seven demonstration areas are eligible to participate in a TRICARE Senior Prime plan. This year's Medicare Subvention Demonstration Report presents baseline findings for MTFs participating in the demonstration. Exhibits in the report display beneficiaries' demographic characteristics, health status, health care utilization, health plan enrollment, knowledge of TRICARE, and satisfaction with military and civilian health care. Findings are presented for beneficiaries age 65 or over and under age 65 in each demonstration area and for beneficiaries age 65 or over in MHS areas that are not participating in the demonstration.

## Methodology

### Sample Selection, Fielding of the Survey, and Response Rates

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, which covered all persons eligible for a MHS benefit on July 29, 1998, including personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their families.

In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Region 1 sample included 21,771 adults. Overall, 8,815 Region 1 MHS beneficiaries returned completed questionnaires by the due date. The Region 1 response rate was 41.3 percent.

## Questionnaire Topics

The HCSDB questionnaire was revised in 1998. A copy of the questionnaire, located in the back pocket of this binder, is also available at the TRICARE web site, <http://www.TRICARE.OSD.mil>. In 1998, some questions from earlier surveys were dropped, other questions were revised, and, for the first time, the survey included or adapted questions from the federally developed Consumer Assessment of Health Plans Study (CAHPS). CAHPS contains core and supplemental survey questions that are widely used by commercial health plans, the Health Care Financing Administration, state Medicaid programs, and other organizations to assess consumer satisfaction with their health coverage. CAHPS questions will ultimately allow us to compare the satisfaction of MHS beneficiaries with other insured populations.

The 1998 HCSDB covered a wide range of topics in the following nine sections:

- **Use of Health Care.** Focuses on the use of MTFs and CTFs in the past 12 months, including number of nights in an inpatient facility, outpatient visits, emergency room visits, and use of military pharmacies to fill prescriptions written by civilian providers.
- **Preventive Health Care.** Concerns beneficiaries' receipt of preventive services including prenatal care; flu shots; and screening for breast cancer, cervical cancer, hypertension, and prostate disease.
- **Understanding TRICARE.** Explores beneficiaries' understanding of TRICARE overall and of specific features of TRICARE Prime, Senior Prime, and Extra/Standard.
- **Health Plan.** Concerns enrollment in TRICARE Prime, Senior Prime, and Standard/Extra; coverage by supplemental insurance; attitudes toward Prime and Senior Prime; and out-of-pocket-costs.
- **Satisfaction with Health Plan.** Explores beneficiaries' experiences with the health plan they use the most; covers experiences with their personal doctor or nurse (including a PCM), specialty care, customer service, claims processing, and resolution of complaints or problems.
- **Access to Health Care.** Focuses on waiting times for well-patient, minor illness, and specialty care; access to emergency care; experiences calling for appointments and with long waits in office or clinic waiting rooms.
- **Satisfaction with Health Care.** Explores a wide range of indicators of beneficiaries' satisfaction with the health care they received in the past 12 months at the facility they used most often. Topics include getting help or advice via the telephone, getting care when needed, attitudes of doctor's office and clinic staff, and quality of care.
- **Your Health.** Uses the SF-12, a well-regarded multipurpose series of 12 questions that provides a generic measure of health status.

- **Facts about You.** Covers basic demographic information for beneficiaries, including income, marital status, age, education, and race/ethnicity.

## Statistical Issues

### Accuracy of the Survey Estimates

The results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census, of the entire DEERS population, and because some of the surveyed beneficiaries chose not to respond. In accordance with standard statistical practice, the survey estimates have been weighted to ensure that the survey findings represent all MHS beneficiaries. The survey design also allows us to evaluate the precision of the estimates.

The sample size of some small groups of MHS beneficiaries, such as pregnant women in a particular catchment area, may make it impossible to develop a reliable estimate of the group's survey response. In this report, any cell meeting one of the following conditions is defined as a small cell: (1) the overall population count for the cell is under 200, (2) the number of completed questionnaires in the cell is less than 20, or (3) the cell contains an estimated proportion greater than 10 percent, but the standard error is more than 30 percent of the estimate. For these cases, estimates are not provided but are either replaced by double stars (\*\*) or combined with other sample cells so a reliable estimate may be calculated.

### Case-Mix Adjustment

Some regional estimates in the regional and national HCSDb reports were adjusted to control for differences in the age and health status of the regions' beneficiary populations. This adjustment allows for "fairer" comparisons between regions. For instance, health status and age are often associated with patient reports about the quality of their health care. Compared with survey respondents in good health, survey respondents in poor health typically say they are less satisfied with the health care they receive. Older persons often report greater satisfaction with their health care than younger persons do. Thus, without adjustments for age and health status, regional differences in the survey estimates may actually reflect significant differences in the makeup of the population, such as a high proportion of retirees, rather than real variation in satisfaction with health care. Case-mix adjusted estimates in any exhibit in this report are clearly indicated.

## Guide to Understanding the Survey Findings

### Outcome and Explanatory Variables

The research questions that underlie the HCSDb, outlined on page 1 of this report, are key to understanding the survey findings presented in this report. These questions imply two types of basic, analytic variables: dependent, or *outcome*, variables and independent, or *explanatory* variables. Outcome variables are beneficiaries' responses to the various survey questions on satisfaction, health care access, knowledge of TRICARE, use of health care, preventive services, etc. Explanatory variables, such as enrollment in Prime or type of facility, may help to explain some of the variation in responses given by different groups of beneficiaries.

For example, Exhibit 2.1 shows how different groups of MHS beneficiaries rate their personal doctors. The exhibit addresses the question, "How do beneficiaries' ratings of their personal doctors and primary care managers (PCMs) (the outcome variables) differ by beneficiary category and type of PCM (the explanatory variables)?" In other words, is enrollment in TRICARE Prime or type of PCM related in some way to beneficiaries' level of satisfaction?

It is important to recognize that while some survey findings may *suggest* important differences in outcomes for different groups of MHS beneficiaries, one cannot conclude that these differences would persist after controlling for possible confounding variables not accounted for in the analysis, such as age, health status, sex, race and ethnicity, and others. More sophisticated statistical techniques, such as multivariate analysis, can yield more definitive conclusions about the possible impact of any one “explanatory” variable on a particular outcome.

### **Exhibits**

All the exhibits in this report, except for the performance improvement plans in chapter 7, are presented as bar graphs. In the bar graphs, the outcome variables are represented by the vertical, or Y, axis. The explanatory variables are represented by the horizontal, or X, axis. For instance, in Exhibit 2.5, the height of a bar represents the percentage of beneficiaries who agree or strongly agree with the statement, “I am satisfied with the health care that I received at military (or civilian) facilities.” The X-axis displays the percent who “agree or strongly agree” that they are satisfied with MTFs or CTFs.

Many of the exhibits in this report focus on three principal groups of TRICARE beneficiaries: Prime enrollees under age 65, non-Prime beneficiaries under age 65, and non-Prime beneficiaries age 65 and over. Senior Prime enrollees are excluded from these analyses because enrollment in Senior Prime was minimal when the 1998 HCSDb was fielded. See the *Medicare Subvention Demonstration Report* for extensive analyses of MHS beneficiaries at sites offering a Senior Prime health plan.

In selected bar graphs, upward-pointing arrows (↑) appear at the top of bars to indicate significantly *higher* rates or averages compared with CONUS MHS overall ( $p < 0.05$ ). Downward-pointing arrows (↓) indicate *lower* rates or averages compared with CONUS MHS overall.

Differences in estimates are not described unless the findings are significantly different ( $p < 0.05$ ).

## **Performance Standards**

### **CAHPS Benchmarks**

Exhibits 2.1, 2.2, and 3.2 present civilian benchmark data from the CAHPS national benchmarking database, version 1, developed by The Picker Institute. Civilian benchmarks indicate the ratings of personal doctors, health care, and health plans of the beneficiaries of a sample of civilian health plans. In these exhibits, HCSDb results are compared to the relevant civilian benchmark. The benchmarks are unweighted averages of the survey responses to the relevant CAHPS questions contributed to the benchmark database.

### **Preventive Care Benchmarks**

In Chapter 6, Use of Preventive Services, the findings for MHS beneficiaries are compared with the federal government’s *Healthy People 2000* goals for improving the nation’s health (see *Healthy People 2000 Review 1997*, DHHS Publication No. PHS 98-1256). Since national goals for prostate disease screening have not been established, Exhibit 6.6 refers to the relevant American Cancer Society recommendation.

## Chapter

# 2

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## Satisfaction with TRICARE

This chapter focuses on two critical indicators of MHS beneficiary satisfaction with TRICARE health care: satisfaction with one's personal doctor or nurse, including PCMs, and satisfaction with health care facilities (military or civilian). Information on these indicators is derived from the answers to two sets of HCSDB survey questions:

- The first set of questions is new to the HCSDB. The questions in this set ask respondents to rate their personal doctor, nurse, PCM, or the facility they used the most "from 0 to 10 where 0 is the worst and 10 is the best". Results are reported in Exhibits 2.1 and 2.2.
- The second set of questions has been used in HCSDB surveys for several years. Questions in this set ask respondents how much they agree or disagree with the statement, "I am satisfied with the health care that I received at military (or civilian) facilities." Findings from 1997 and 1998 are presented together. Results are reported in Exhibits 2.3, 2.4, and 2.5.

### Key Findings

#### Personal Doctors, Nurses, and PCMs

- When asked to rate their personal doctor or nurse on a scale from 0 to 10, beneficiaries in Region 1 and in CONUS MHS overall rated their providers similarly, 8.4 and 8.3 respectively. The civilian benchmark is 8.1.
- Two groups of TRICARE Prime enrollees, active duty with a military PCM and non-active duty with a civilian PCM, were significantly less satisfied with their PCM compared with other Region 1 beneficiaries and CONUS MHS beneficiaries overall.
- Active duty TRICARE Prime enrollees with a military PCM gave their personal doctor a 7.6 rating, the lowest rating among Region 1 beneficiary groups and significantly lower than the CONUS MHS 8.3 average.

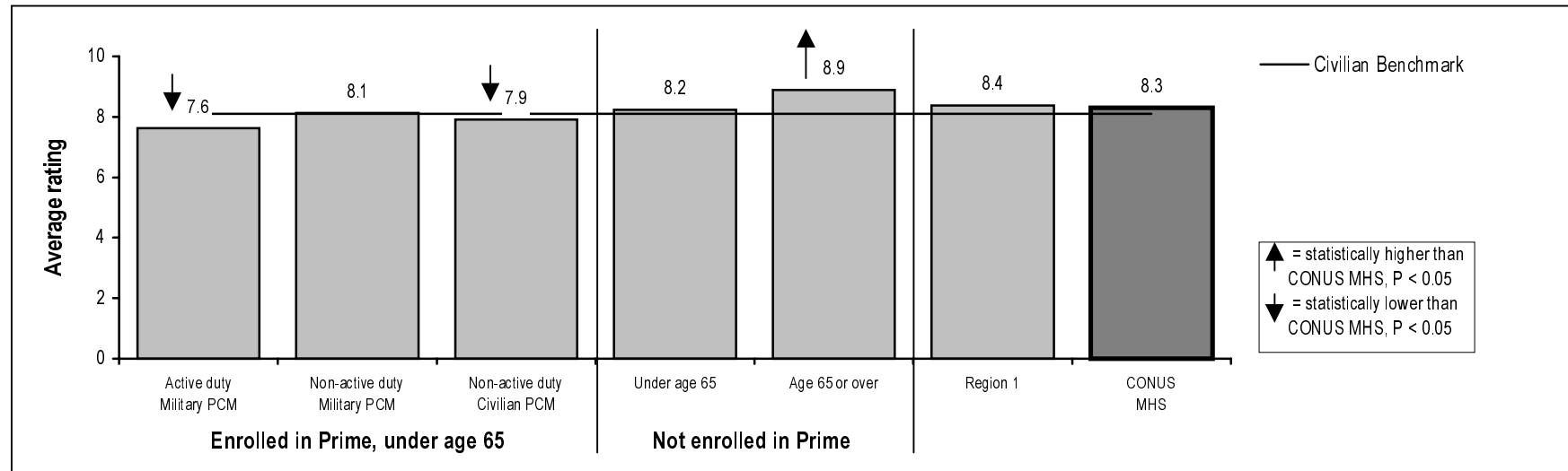
### **Military and Civilian Facilities**

- When asked to rate the facility they use the most on a scale from 0 to 10, Region 1 beneficiaries gave MTFs a 7.2 rating; the corresponding CONUS MHS rating was 7.0. The civilian benchmark is 8.0.
- Satisfaction with military care improved in 1998. The overall proportion of Region 1 beneficiaries who were satisfied with MTFs increased from 65 percent to 70 percent between 1997 and 1998. TRICARE Prime beneficiaries reported even greater improvement in 1998, whether active duty (from 62 percent to 70 percent) or non-active duty (from 54 percent to 74 percent).
- In Region 1 and throughout the MHS, beneficiaries were more satisfied with care from CTFs than from MTFs. Satisfaction with MTFs ranged from 59 percent in Region 5 to 75 percent in Latin America. In Region 1 it was 69 percent. Satisfaction with CTFs ranged from 72 percent in Asia to 88 percent in Region 6, 87 percent in Region 1.



## 2.1 Average Ratings of Personal Doctor or Nurse, by Enrollment Status

**Q.52: How do you rate your personal doctor or nurse now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best.)**



### Population:

Beneficiaries with a personal doctor or nurse (including a PCM)

### Sample size:

3,689

### Vertical axis:

Average rating of personal doctor or nurse from 0 to 10, where 0 is the worst and 10 is the best

### Horizontal axis:

Active duty status, military or civilian PCM, TRICARE Prime enrollment, age, and region and CONUS MHS overall

### What the exhibit shows:

- How beneficiaries rate their personal doctor or nurse
- How TRICARE Prime enrollees rate their PCM
- If some groups of Region 1 beneficiaries are more satisfied with their PCM or personal doctor or nurse than others in the region and in the CONUS MHS overall

### Findings:

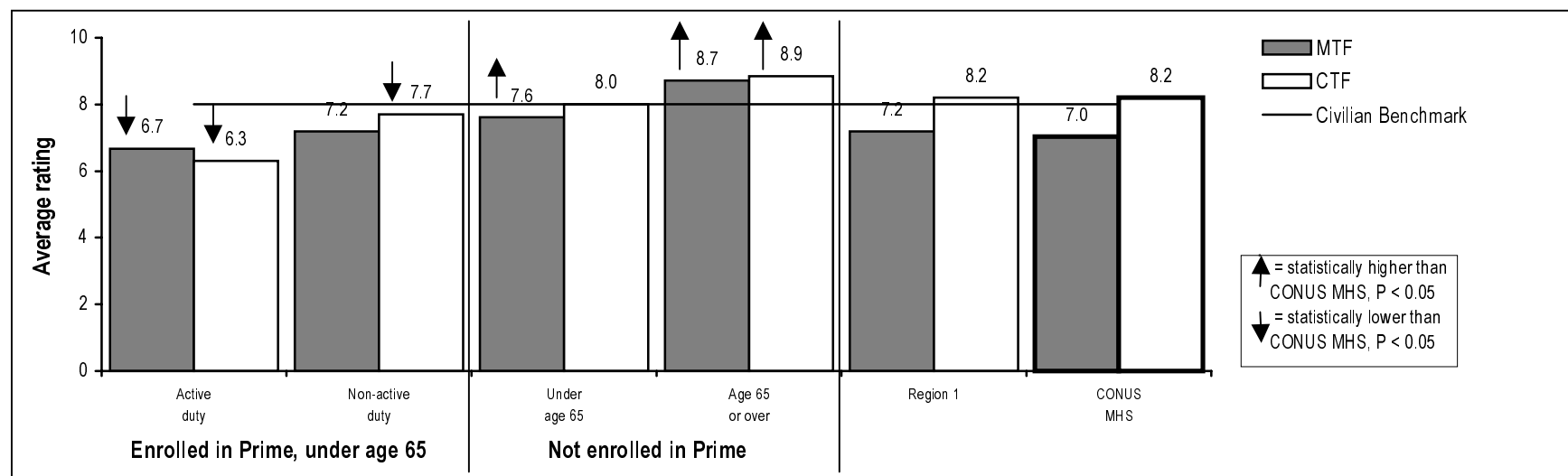
When asked to rate their personal doctor or nurse on a scale from 0 to 10, beneficiaries in Region 1 and in CONUS MHS overall rated their providers similarly, 8.4 and 8.3 respectively. The civilian benchmark, shown by the horizontal line is 8.1.

Active duty TRICARE Prime enrollees with a military PCM gave their personal doctor a 7.6 rating, the lowest rating among Region 1 beneficiary groups and significantly lower than the CONUS MHS 8.3 average.

Beneficiaries age 65 and over and not enrolled in TRICARE Prime were the most satisfied group. They rated their personal doctors 8.9.

## 2.2 Average Ratings of Military and Civilian Treatment Facilities, by Enrollment Status

**Q.96: How do you rate all your health care from the facility you used most in the last 12 months? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).**



### Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

### Sample size:

8,290

### Vertical axis:

Average rating of MTFs and CTFs from 0 to 10, where 0 is the worst and 10 is the best

### Horizontal axis:

Active duty status, TRICARE Prime enrollment, age, and region and CONUS MHS overall

### What the exhibit shows:

- How beneficiaries rate MTFs and CTFs
- If beneficiaries are more or less satisfied with MTFs compared with CTFs
- If some groups of Region 1 beneficiaries are more satisfied with MTFs and CTFs compared with others in the region

### Findings:

When asked to rate the facility they use the most on a scale from 0 to 10, Region 1 beneficiaries gave MTFs a 7.2 rating. The corresponding CONUS MHS rating was 7.0. The civilian benchmark is 8.0.

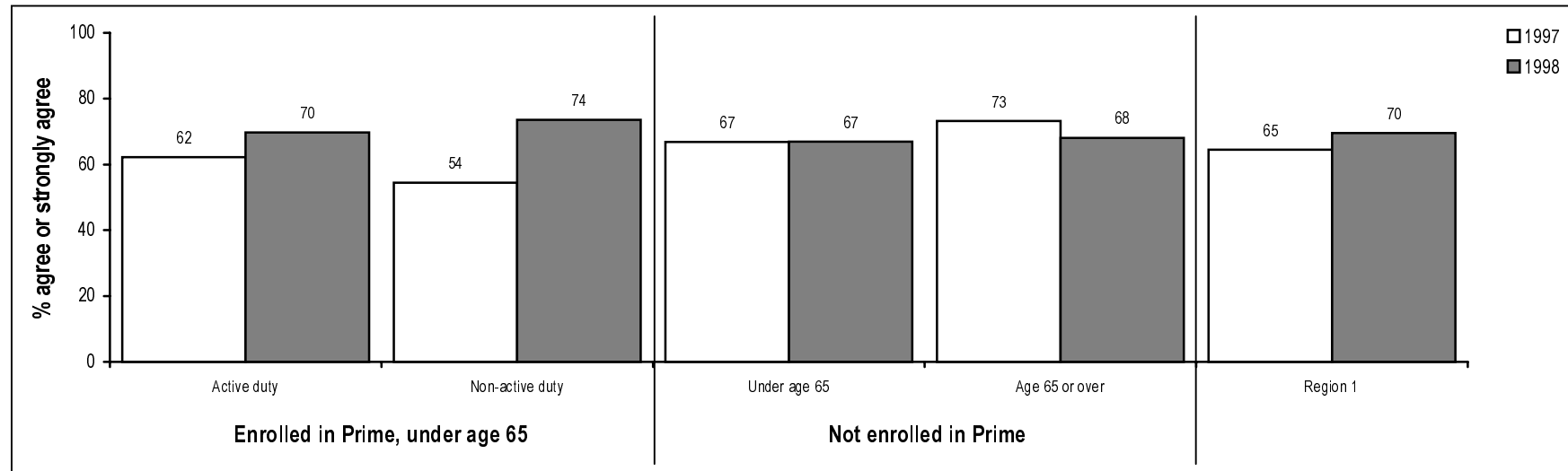
Several beneficiary groups gave their most used facility higher ratings than CONUS MHS beneficiaries overall. Region 1 beneficiaries age 65 or over and not enrolled in TRICARE Prime, rated MTFs and CTFs 8.7 and 8.9, respectively. The corresponding CONUS MHS rates were 7.0 and 8.2.

Beneficiaries under age 65 and not enrolled in Prime rated MTFs 7.6.

TRICARE Prime enrollees were the group least satisfied with both MTFs and CTFs. Active duty enrollees with a military PCM rated MTFs, 6.7, and CTFs, 6.3.

## 2.3 Satisfaction with Military Care, 1997 - 1998

**Q.99a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at military facilities"?**



### Population:

Beneficiaries who received care at a MTF in the past 12 months

### Sample size:

1997 - 5,449  
1998 - 6,390

### Vertical axis:

Percent who "agree or strongly agree" that they are satisfied with the health care they received at military facilities

### Horizontal axis:

Active duty status, TRICARE Prime enrollment, age, and region overall

### What the exhibit shows:

- Overall satisfaction with MTFs among different groups of MHS beneficiaries
- Whether some groups of Region 1 MHS beneficiaries are more satisfied than others
- Whether satisfaction with MTFs improved from 1997 to 1998

### Findings:

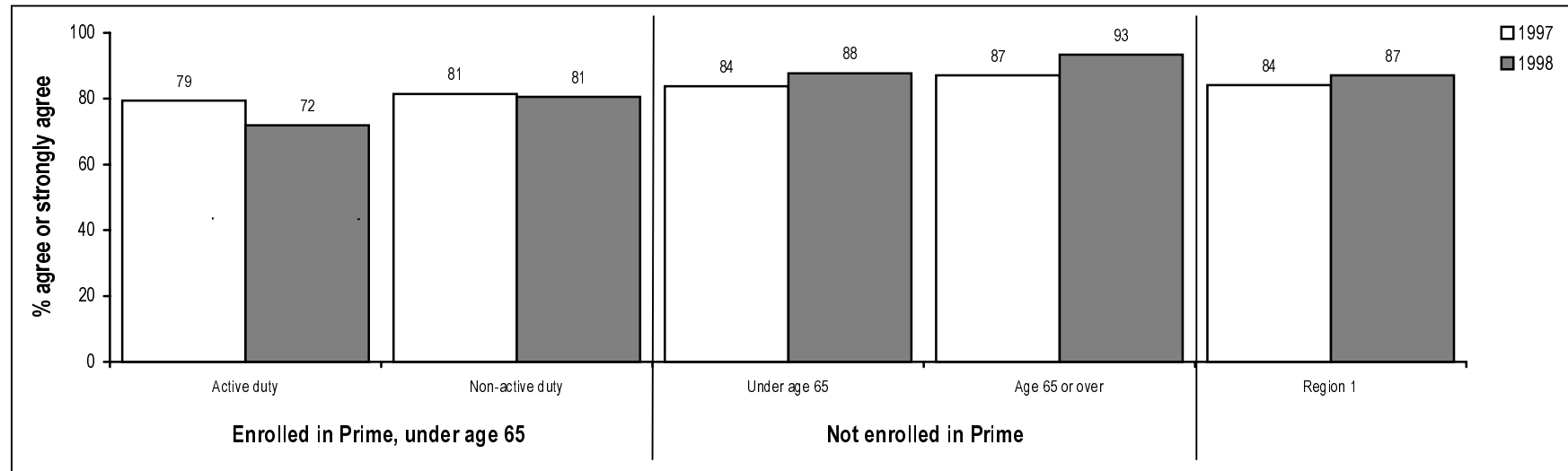
The proportion of beneficiaries who were satisfied with MTFs increased from 65 percent to 70 percent between 1997 and 1998.

Beneficiaries enrolled in TRICARE Prime report increased satisfaction with MTFs in 1998, whether active duty (from 62 percent to 70 percent) or non-active duty (from 54 percent to 74 percent).

The proportion of beneficiaries age 65 or over satisfied with care that they received from MTFs dropped from 73 percent in 1997 to 68 percent in 1998.

## 2.4 Satisfaction with Civilian Care, 1997 - 1998

**Q.103a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at civilian facilities"?**



**Population:**

Beneficiaries who received care at a CTF in the past 12 months

**Sample size:**

1997 – 5,989

1998 – 3,749

**Vertical axis:**

Percent who "agree or strongly agree" that they are satisfied with the health care they received at civilian facilities

**Horizontal axis:**

Active duty status, TRICARE Prime enrollment, age, and region overall

**What the exhibit shows:**

- Overall satisfaction with CTFs among different groups of MHS beneficiaries
- Whether some groups of Region 1 MHS beneficiaries are more satisfied than others
- Whether satisfaction with CTFs improved from 1997 to 1998

**Findings:**

Overall, satisfaction with civilian care in Region 1 increased slightly between 1997 and 1998, from 84 percent to 87 percent.

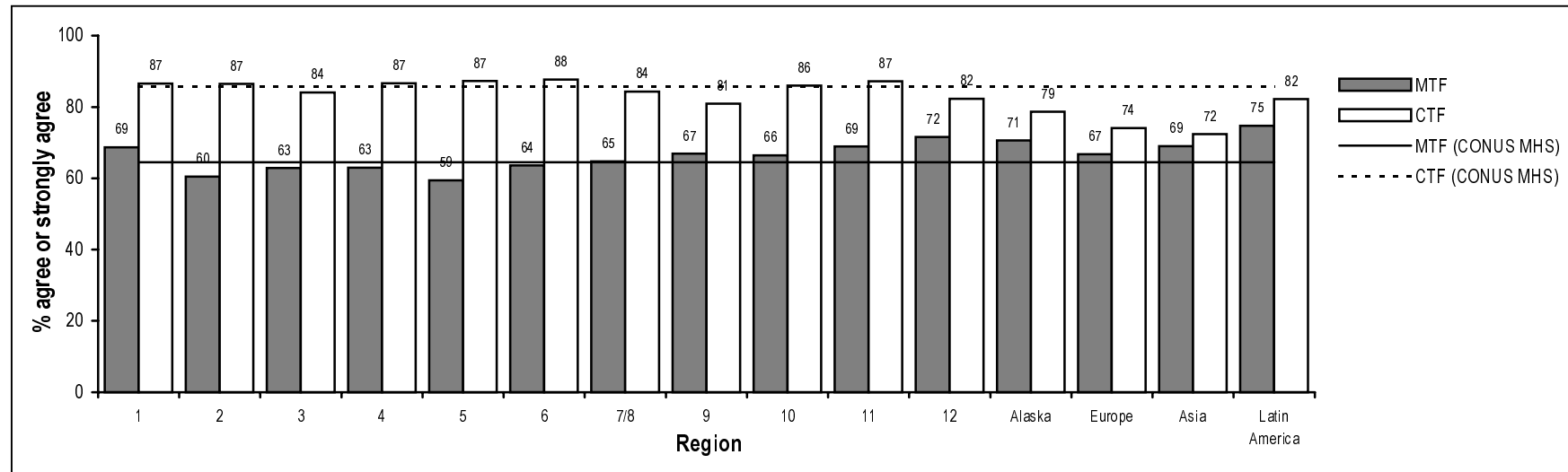
The proportion of beneficiaries age 65 or over who are satisfied with CTFs increased from 87 percent to 93 percent between 1997 and 1998.

Satisfaction with care at CTFs dropped among active duty Prime enrollees; from 79 percent in 1997 to 72 percent in 1998. There was no change in satisfaction among non-active duty TRICARE Prime enrollees during the same period. Their satisfaction with CTFs remained 81 percent.

## 2.5 Satisfaction with Military and Civilian Care, by Region

**Q.99a:** How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at military facilities"?

**Q.103a:** How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at civilian facilities"?



### Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

### Sample size:

61,097

### Vertical axis:

Percent who "agree or strongly agree" that they are satisfied with MTFs or CTFs. Note that percents are adjusted to control for regional differences in age and health status.

### Horizontal axis:

All regions

### What the exhibit shows:

- How satisfaction with MTFs and CTFs in Region 1 compares with other regions controlling for regional differences in age and health status
- Whether MHS beneficiaries are more or less satisfied with MTFs compared with CTFs

### Findings:

In Region 1 and all other regions, beneficiaries report greater satisfaction with CTFs than with MTFs. The difference in satisfaction is 20 percentage points or more in 6 regions. In Region 1, the gap is 18 percentage points.

Satisfaction with military care ranged from 59 percent in Region 5 to 75 percent in Latin America.

Satisfaction with civilian care ranged from 74 percent in Europe to 88 percent in Region 6.

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Chapter

3

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## Knowledge of and Satisfaction with Health Plan

This chapter explores MHS beneficiary satisfaction with the health plan they “used the most” in the past 12 months, including TRICARE Prime.

- Exhibit 3.1 shows how non-active duty beneficiaries currently enrolled in TRICARE Prime responded to the question: “How likely are you to disenroll from TRICARE Prime for a different type of insurance coverage in the next 12 months.” It also shows how non-active duty beneficiaries *not* currently enrolled in TRICARE Prime responded to the question asking: “How likely are you to enroll in TRICARE Prime in the next 12 months?”
- Exhibit 3.2 shows how enrollees rated the health plan they used the most using a scale “from 0 to 10 where 0 is the worst and 10 is the best.” Also shown is the variation in ratings by type of health plan; TRICARE Prime, Standard/Extra, Medicare, or other insurance.
- Exhibit 3.3 shows how overall health plan satisfaction varies among regions.
- Exhibit 3.4 shows how well beneficiaries felt they understood TRICARE in 1997 and 1998. The findings are presented by region.

### Key Findings

#### Enrollment Intentions

- In Region 1, 12 percent of non-active duty TRICARE Prime enrollees with military PCMs said they intend to *disenroll* from TRICARE Prime. In CONUS MHS overall, 7 percent with military PCMs and 9 percent with civilian PCMs planned to disenroll.
- On the other hand, 9 percent of beneficiaries not enrolled in Prime in Region 1 said they plan to enroll in TRICARE Prime.

### **Satisfaction with Health Plan**

- Health plan satisfaction is generally low. When asked to rate the health plan they use the most on a scale from 0 to 10, Region 1 beneficiaries gave their health plans an average rating of 6.5, similar to the CONUS MHS average of 6.6. The civilian benchmark is 7.3.
- Region 1 beneficiaries who use Medicare or other insurance most often rate their health plans more highly than beneficiaries who use a TRICARE plan. Medicare was rated 7.9; “other insurance” was rated 7.6.
- In contrast, Region 1 beneficiaries who use a TRICARE plan most often were the least satisfied group in the Region. Active duty enrollees under age 65 rated TRICARE Prime 5.1; their non-active duty counterparts gave Prime 6.1 rating. Standard/Extra beneficiaries rated their health plan 5.8.

### **Knowledge and Understanding of TRICARE**

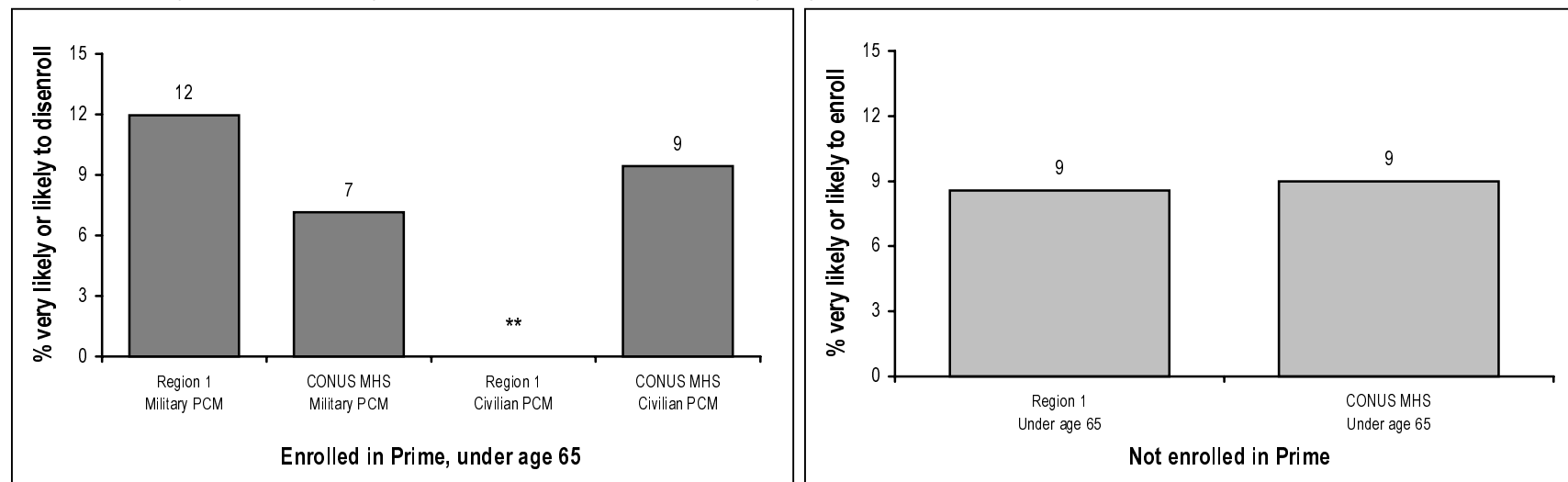
- Understanding of TRICARE improved in every region between 1997 and 1998. In Region 1, the improvement was substantial; the proportion of Region 1 beneficiaries with “no understanding” dropped from 46 percent to 24 percent. There were similar declines in Regions 2 and 5.
- Despite the widespread improvement in TRICARE understanding, findings in every region indicate that more than one in five MHS beneficiaries (at a minimum 21 percent) say they have “no understanding of TRICARE”.



### 3.1 Intention to Enroll in or Disenroll from TRICARE Prime, Non-Active Duty Beneficiaries

**Q.37: If you are currently enrolled in TRICARE Prime, how likely are you to disenroll in TRICARE Prime for a different type of insurance coverage in the next 12 months?**

**Q.39: If you are not currently enrolled in TRICARE Prime, how likely are you to enroll in TRICARE Prime in the next 12 months?**



**Population:**

Non-active duty beneficiaries under age 65

**Sample size:**

3,171

**Vertical axis:**

In the left chart, the percent of TRICARE Prime enrollees who are “very likely or likely” to disenroll from TRICARE Prime. In the right graph, the percent of non-TRICARE Prime beneficiaries who are “very likely or likely” to enroll in TRICARE Prime.

**Horizontal axis:**

Military or civilian PCM, TRICARE Prime enrollment, age, Region and CONUS MHS overall

**Double Asterisks (\*\*):**

Indicates the value is suppressed because of insufficient sample size

**What the exhibit shows (on the left):**

- Whether TRICARE Prime enrollees, with the option to disenroll from TRICARE Prime, plan to disenroll
- How likelihood to disenroll from TRICARE Prime varies by type of PCM
- Whether TRICARE Prime enrollees are more likely to disenroll than other TRICARE Prime enrollees in CONUS MHS overall

**What the exhibit shows (on the right):**

- Whether beneficiaries are more likely to enroll in TRICARE Prime than others in CONUS MHS overall

**Findings:**

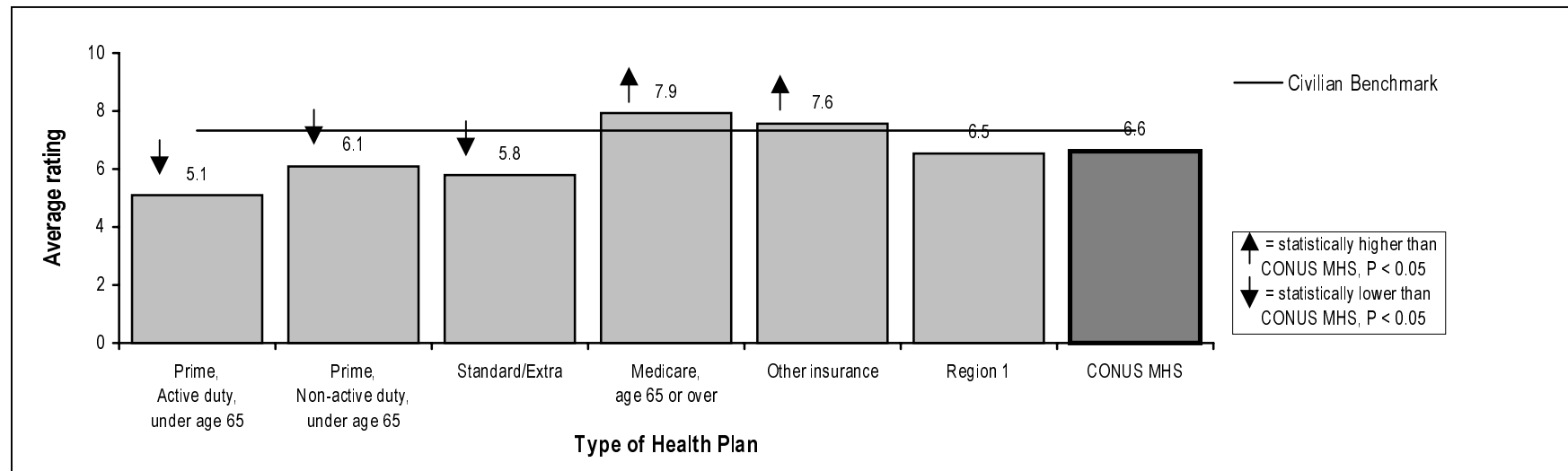
In Region 1, 12 percent of non-active duty TRICARE Prime enrollees with military PCMs intend to disenroll from TRICARE Prime. In CONUS MHS overall, 7 percent with military PCMs and 9 percent with civilian PCMs plan to disenroll.

Nine percent of beneficiaries not enrolled in Prime said they planned to enroll in TRICARE Prime.

### 3.2 Average Ratings of Health Plan, by Type of Health Plan Used Most Often

**Q.50:** Which health care plan did you use most in the last 12 months?

**Q.73:** How do you rate your health plan now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best.)



**Population:**

All beneficiaries

**Sample size:**

8,585

**Vertical axis:**

Average rating of health plan from 0 to 10, where 0 is the worst and 10 is the best

**Horizontal axis:**

Active duty status, TRICARE Prime enrollment, type of health plan, age, and region and CONUS MHS overall

**What the exhibit shows:**

- How MHS beneficiaries in Region 1 and in the CONUS MHS overall rate the health plan they use the most
- If some health plans are more highly rated by Region MHS beneficiaries than other health plans

**Findings:**

When asked to rate the health plan they use the most on a scale from 0 to 10, Region 1 beneficiaries gave their health plans an average rating of 6.5, similar to the CONUS MHS average of 6.6. The civilian benchmark is 7.3.

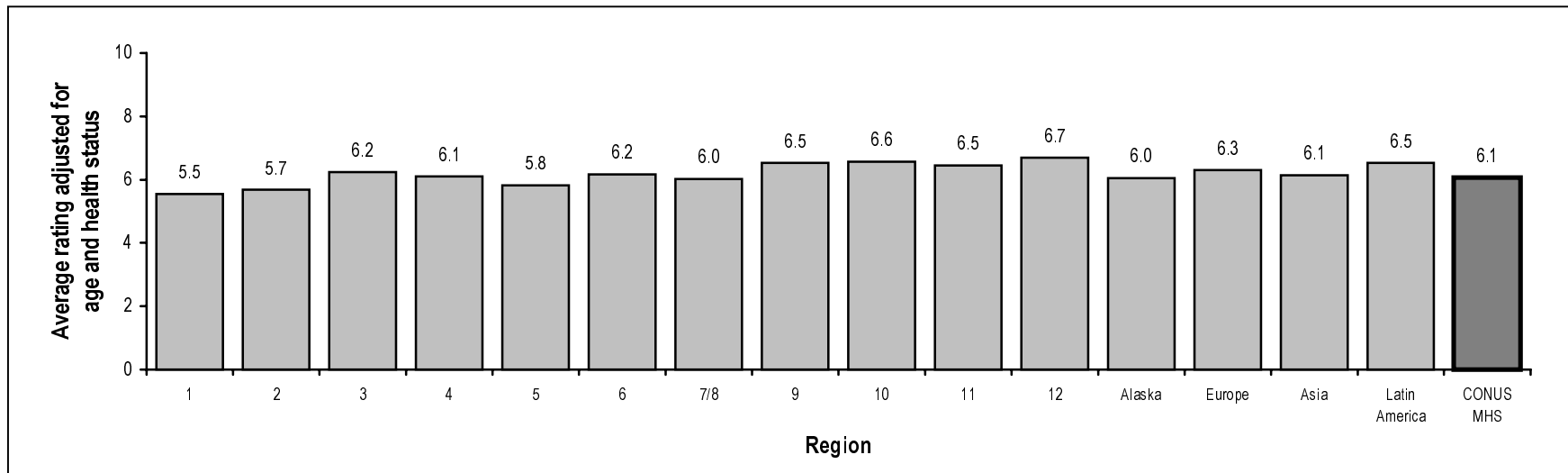
Beneficiaries who use Medicare or other insurance the most rate their health plans more highly than beneficiaries who use a TRICARE plan. Medicare was rated 7.9. "Other insurance" was rated 7.6.

Beneficiaries who use a TRICARE plan most often were the least satisfied group in the Region. Active duty under age 65 rated TRICARE Prime 5.1; their non-active duty counterparts in Prime were more satisfied (6.1). Standard/Extra beneficiaries rated their health plan 5.8.

### 3.3 Enrollees' Ratings of TRICARE Prime Adjusted for Age and Health Status, by Region

*Q.50: Which health care plan did you use most in the last 12 months?*

*Q.73: We want to know your rating of all your experience with your health plan. How do you rate your health plan now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best.)*



**Population:**

TRICARE Prime enrollees

**Sample size:**

43,132

**Vertical axis:**

Average rating of TRICARE Prime from 0 to 10, where 0 is the worst and 10 is the best. Note that ratings are adjusted to control for regional differences in age and health status.

**Horizontal axis:**

All regions and CONUS MHS overall

**What the exhibit shows:**

- How TRICARE Prime enrollees rate their experience with TRICARE Prime
- If satisfaction with TRICARE Prime is higher in some regions than in others

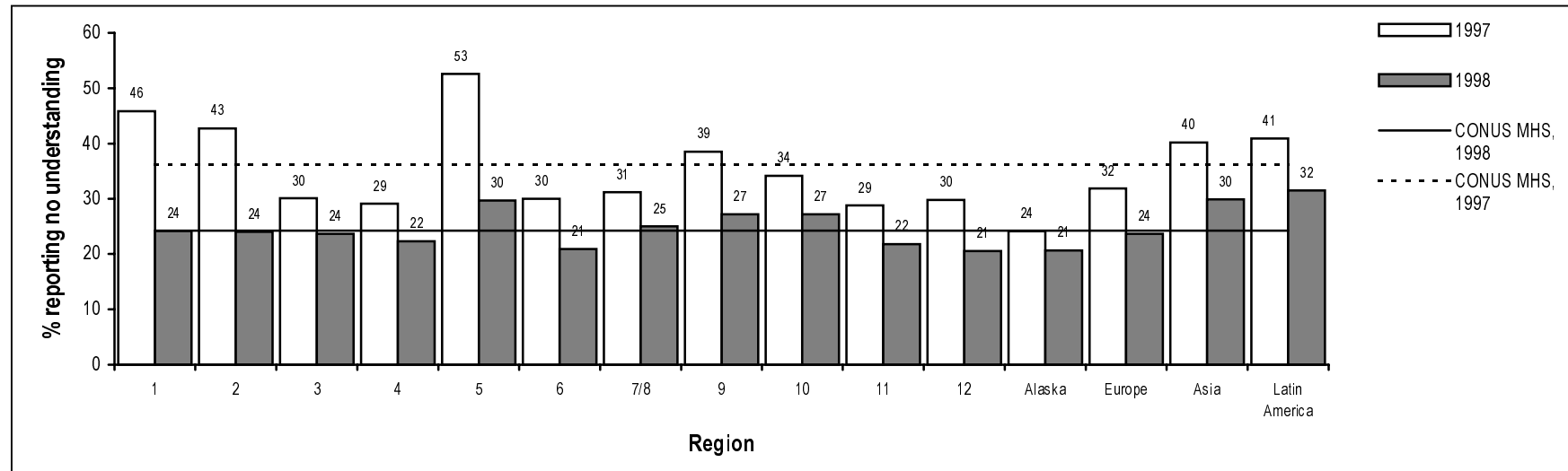
**Findings:**

TRICARE Prime enrollees in Region 1 gave their TRICARE Prime health plan the lowest rating of all regions. On average, TRICARE Prime enrollees in Region 1 rated their health plan 5.5, CONUS MHS Prime enrollees, 6.1.

Enrollees ratings of TRICARE Prime ranged from 5.5 in Region 1 to 6.7 in Region 12.

### 3.4 Beneficiaries Reporting No Understanding of TRICARE, by Region, 1997-1998

**Q.32: How well do you feel you understand TRICARE overall?**



**Population:**

All beneficiaries

**Sample size:**

1997 – 76,835

1998 – 66,192

**Vertical axis:**

Percent who report “no understanding” of TRICARE Prime. Note that percents are adjusted to control for regional differences in age and health status.

**Horizontal axis:**

All regions and CONUS MHS overall

**What the exhibit shows:**

- The proportion of MHS beneficiaries who report *not* understanding the TRICARE system
- If understanding of TRICARE improved from 1997 to 1998
- How understanding of TRICARE in Region 1 compares with understanding in other regions

**Findings:**

Understanding of TRICARE improved in every region between 1997 and 1998. In Region 1, the improvement was substantial; the proportion of Region 1 beneficiaries with “no understanding” dropped from 46 percent to 24 percent. There were similar declines in Regions 2 and 5.

Despite the improvement, more than 20 percent of beneficiaries in every region say they have “no understanding” of TRICARE.

## Chapter

4

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## Access to Health Care

This chapter presents the findings on access to health care in the MHS. In the HCSDB, access was measured in terms of four basic indicators:

- **Waiting period for well-patient appointments**—TRICARE standards require that MHS beneficiaries be able to arrange for well-patient appointments in less than 4 weeks. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other beneficiaries are presented by the type of facility they report using most often (MTF or CTF) (see Exhibit 4.1).
- **Waiting past one's scheduled appointment time in a doctor's office or clinic**—TRICARE standards also require that MHS beneficiaries *not* wait more than 30 minutes past the appointed time in a doctor's office or clinic for a scheduled routine care visit. Exhibit 4.2 shows the percentage of active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and other beneficiaries who reported "usually or always" waiting more than 30 minutes. The results for MTFs and CTFs are shown separately.
- **Getting referrals to specialists**—This is the first year that the HCSDB asked respondents: "How much of a problem, if any, was it to get a referral to a specialist that you needed to see?" The percentage of respondents who replied that it was, "a big problem" is shown in Exhibit 4.3 by type of health plan: TRICARE Prime (active duty and non-active duty), Standard/Extra, Medicare, or other insurance.
- **Getting care that the beneficiary or a doctor "believed necessary"**—The survey also asked, "How much of a problem, if any, was it to get the care you or a doctor believed necessary?" The percentage of respondents who replied that it was "a big problem" is shown by type of health plan in Exhibit 4.4.

## **Key Findings**

### **Waiting Times**

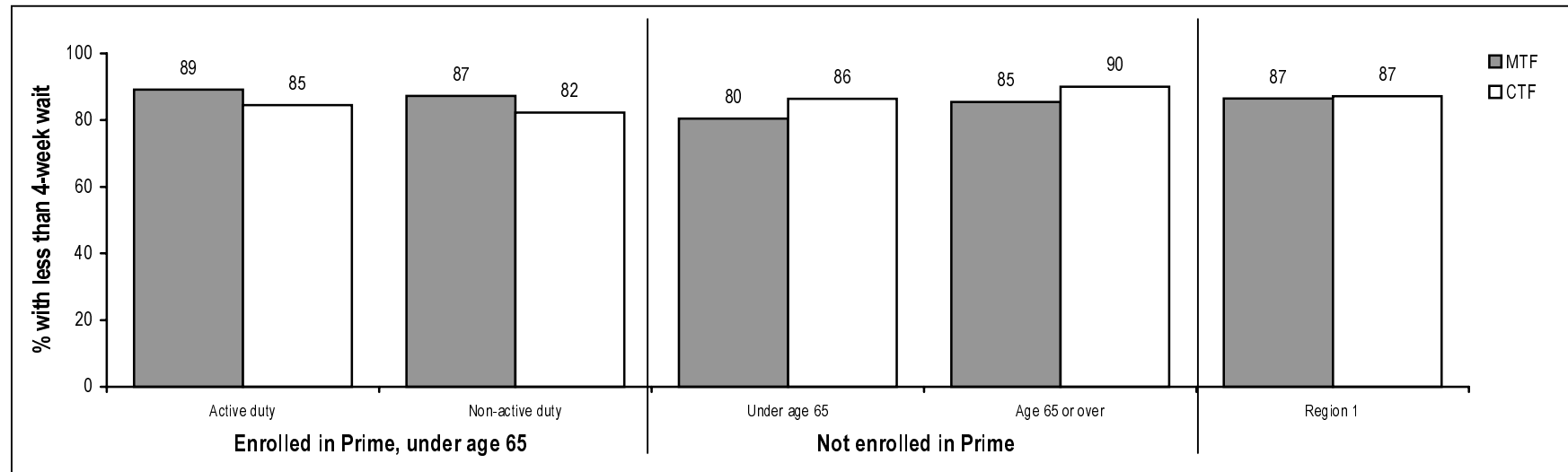
- There was little variation in access to well-patient visits by beneficiary groups in Region 1. The proportion waiting less than the 4 weeks for well-patient appointments at a MTF ranged from 80 percent of TRICARE beneficiaries under age 65 and not enrolled in Prime to 89 percent of active duty Prime enrollees.
- In Region 1 overall, 18 percent of beneficiaries reported usually or always waiting more than 30 minutes to be seen in an MTF; 14 percent in a CTF.
- Active duty Prime enrollees were the most likely beneficiary group in Region 1 to report long waits in both MTFs (21 percent) and CTFs (31 percent).

### **Access**

- Access to specialty care is most problematic among TRICARE Prime enrollees. More than one in four active duty TRICARE Prime enrollees (27 percent) reported having a “big problem” getting a referral to see a specialist. Nineteen percent of non-active duty TRICARE Prime enrollees reported a “big problem”.
- TRICARE Prime enrollees were also the beneficiary group most likely to report problems getting care they or a doctor felt “necessary,” followed by TRICARE Standard/Extra enrollees. The pattern in Region 1 reports of problems was very similar to the pattern in CONUS MHS overall. In Region 1, 12 percent of active duty and 11 percent of non-active duty TRICARE Prime enrollees said they had a “big problem” getting access to needed care, compared to 6 percent of Standard/Extra users.

## 4.1 Waiting Period for Well-Patient Visits, by Enrollment Status and Type of Facility

*Q.77a: How many weeks did you usually have to wait between the time you made an appointment for care and the day you actually saw the provider...for a well-patient visit, such as a physical?*



### Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

### Sample size:

6,376

### Vertical axis:

Percent who reported waiting less than 4 weeks for a well-patient visit

### Horizontal axis:

TRICARE Prime enrollment, active duty status, age, and region overall

### What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other MHS beneficiaries to get well-patient visits within 4 weeks
- If waiting time for a well-patient visit varies by enrollment status or age
- If well-patient visits at MTFs are more likely to be available within 4 weeks compared with CTFs

### Findings:

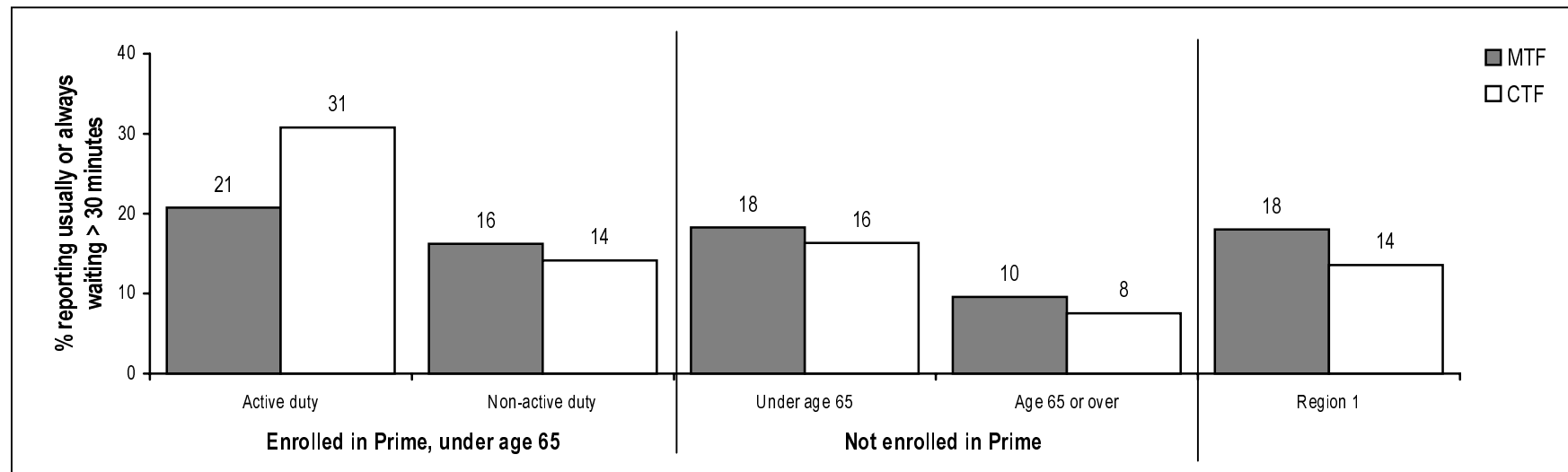
Most beneficiaries in Region 1 report a usual wait for well-patient visits of less than the 4 week TRICARE standard at both MTFs (87 percent) and CTFs (87 percent).

There was little variation in access to well-patient visits by beneficiary groups. The proportion waiting less than the 4 weeks for well-patient appointments at a MTF ranged from 80 percent of TRICARE beneficiaries under age 65 and not enrolled in Prime to 89 percent of active duty Prime enrollees.

## 4.2 Waiting More Than 30 Minutes in Doctor's Office or Clinic, by Enrollment Status and Type of Facility

*Q.74: What type of facility did you go to most often for health care, or advice on health care?*

*Q.83: How often did you wait in the doctor's office or clinic more than 30 minutes past your appointment time for routine care?*



### Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

### Sample size:

8,020

### Vertical axis:

Percent who "usually or always" wait more than 30 minutes past scheduled appointment time

### Horizontal axis:

TRICARE Prime enrollment, active duty status, age, and region overall

### What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other MHS beneficiaries to wait more than 30 minutes for routine scheduled appointments
- If MHS beneficiaries are more likely to wait more than 30 minutes for scheduled appointments at MTFs compared with CTFs

### Findings:

In Region 1, 18 percent of beneficiaries report usually or always waiting more than 30 minutes to be seen in a MTF, 14 percent in a CTF.

Active duty patients are the most likely to report long waits in both MTFs (21 percent) and CTFs (31 percent).

Beneficiaries age 65 or over are least likely to report long waits in both MTFs (10 percent) and CTFs (8 percent).

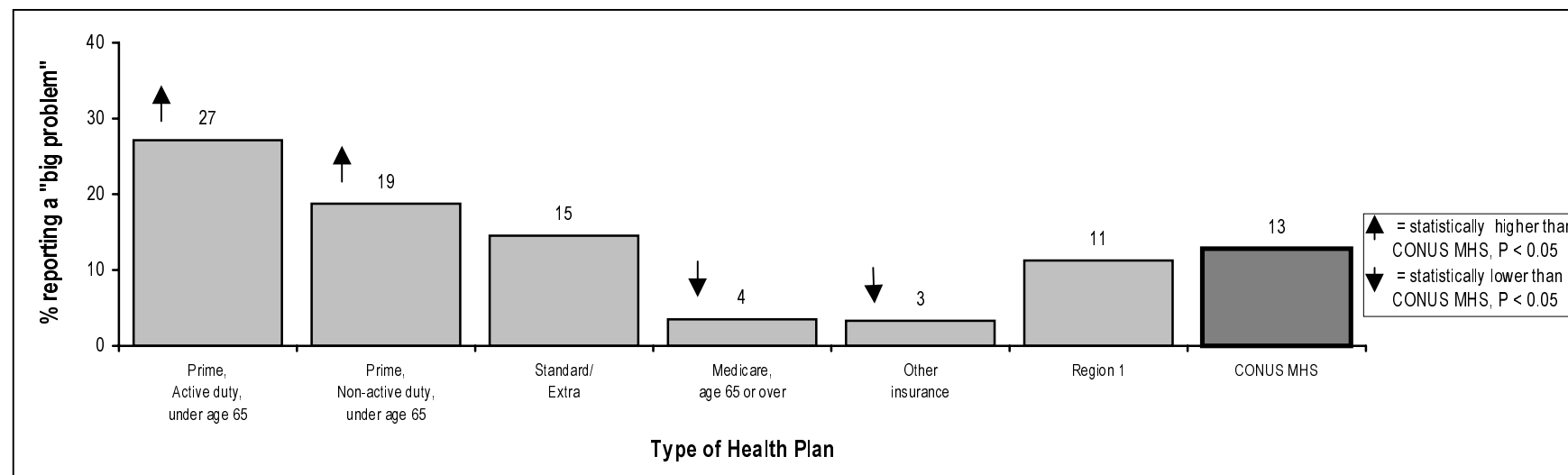


### 4.3 Problems Getting Referrals to Specialists, by Type of Health Plan

**Q.50:** Which health care plan did you use most in the last 12 months?

**Q.53:** In the last 12 months, did you or a doctor think you needed to see a specialist?

**Q.54:** How much of a problem, if any, was it to get a referral to a specialist that you needed to see?



**Population:**

Beneficiaries who needed to see a specialist in the past 12 months

**Sample size:**

4,183

**Vertical axis:**

Percent who said they had a "big problem" getting a referral to a specialist

**Horizontal axis:**

TRICARE Prime enrollment, active duty status, type of health plan, age, and region and CONUS MHS overall

**What the exhibit shows:**

- If beneficiaries are more likely to have problems getting specialty referrals in some health plans compared with other health plans
- If specialty referrals are a greater problem in Region 1 than in CONUS MHS overall

**Findings:**

Overall, 11 percent of Region 1 beneficiaries reported having a "big problem" getting referrals to specialists, similar to the CONUS MHS rate of 13 percent.

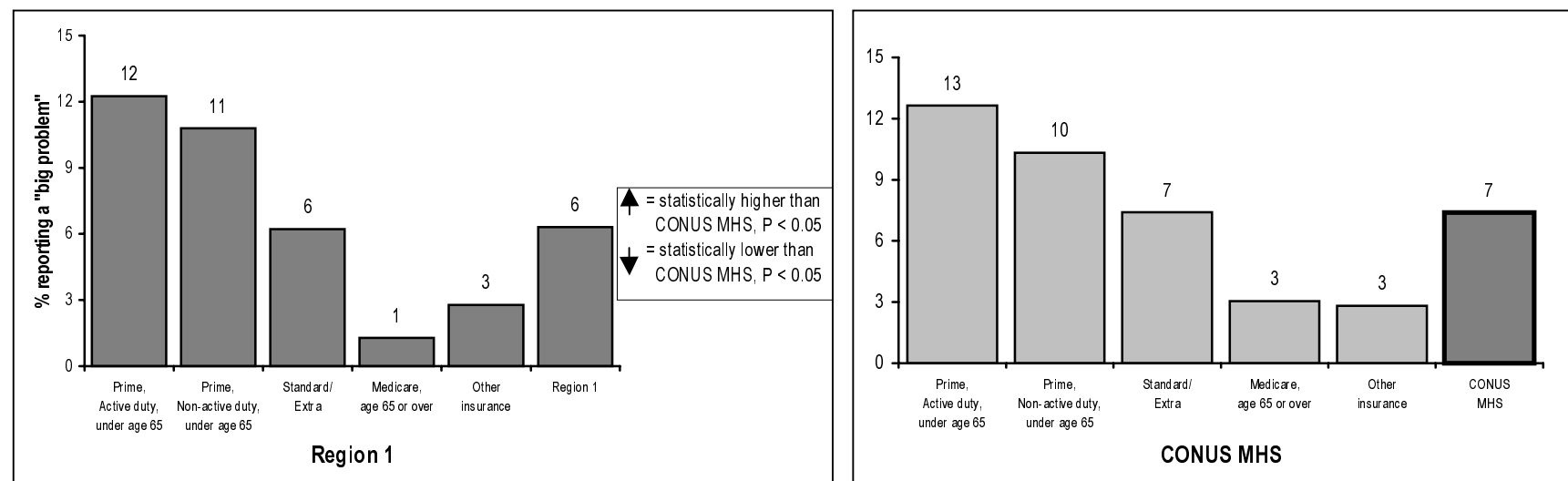
Access to specialty care appears most problematic among TRICARE Prime enrollees. More than one in four active duty TRICARE Prime enrollees (27 percent) reported a "big problem" reported having a "big problem". Nineteen percent of non-active duty TRICARE Prime enrollees.

Beneficiaries using Medicare (4 percent) or other insurance (3 percent) were much less likely to report problems in getting access to specialist care than other TRICARE beneficiaries.

## 4.4 Problems Getting Necessary Care, by Type of Health Plan

**Q.50: Which health plan did you use most in the last 12 months?**

**Q.59: How much of a problem, if any, was it to get the care you or a doctor believed necessary?**



### Population:

Beneficiaries who received care at an MTF or CTF in the past 12 months

### Sample size:

7,516

### Vertical axis:

The percent who said they had a "big problem" getting necessary care

### Horizontal axis:

TRICARE Prime enrollment, active duty status, type of health plan, age, and region and CONUS MHS overall

### What the exhibit shows:

- If MHS beneficiaries are more likely to have problems getting care in some health plans compared with the same health plans in other regions
- If problems getting care are experienced throughout CONUS MHS
- Statistical comparisons, indicated by arrows, are between the findings for Region 1 health plans and the corresponding aggregate findings for the same health plans throughout CONUS MHS.

### Findings:

The pattern in Region 1 beneficiaries' reports of problems is very similar to the pattern in CONUS MHS overall: TRICARE Prime enrollees are the most likely beneficiary group to report problems getting "necessary care" followed by TRICARE Standard/Extra enrollees.

In Region 1, 12 percent of active duty and 11 percent of non-active duty TRICARE Prime enrollees said they had a "big problem" getting access to needed care, compared to 6 percent of Standard/Extra users.

Only 1 percent or less of Region 1 beneficiaries using Medicare and 3 percent using other insurance report a "big problem".

## Chapter

5

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## Health Status and Health Care Use

This chapter documents HCSDb findings on MHS beneficiaries' physical and mental health and presents summary data on emergency room use, outpatient visits, inpatient stays and use of military pharmacies to fill civilian prescriptions.

- **Physical and Mental Health Status**—The HCSDb incorporated questions from the SF-12, a widely-used instrument for measuring physical and mental health status. In the SF-12, high scores are associated with better health. Exhibit 5.1 presents the proportion of people whose physical or mental health is worse than average. This means that if the reported proportion of beneficiaries in the exhibit is less than 50 percent, the reader can infer that the study population is, on average, healthier than the general U.S. population.
- **Emergency Room (ER) Utilization**—ER use is often viewed as an indicator of poor access to routine care. This exhibit shows the percentage of MHS beneficiaries who reported at least one visit to a military or civilian emergency room in the past 12 months. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other Region 1 beneficiaries are presented by type of facility (MTF or CTF) (see Exhibit 5.2).
- **Trend in Outpatient Visits**—The average number of MTF and CTF outpatient visits per MHS beneficiary in 1997 and 1998 is shown in Exhibits 5.3 and 5.4. Visit averages for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, beneficiaries not enrolled in TRICARE Prime, and Region 1 and CONUS MHS overall are presented separately.
- **Military Pharmacies and Civilian Prescriptions**—Earlier surveys have found that a substantial portion of MHS beneficiaries use military pharmacies to obtain prescriptions drugs that were ordered by a civilian provider. This year, the analysis focuses on those with higher usage, that is, the percentage of the population who had a military pharmacy fill at least seven prescriptions ordered by a civilian provider (see Exhibit 5.5).

## Key Findings

### Physical and Mental Health

- Region 1 beneficiaries appear to be in better physical and mental health compared to their civilian counterparts. Forty-five percent had a physical health score below the 50<sup>th</sup> percentile score for the U.S. population.
- All the beneficiary groups scored substantially higher in mental health than their peers in the U.S. population. Overall, 36 percent of Region 1 beneficiaries had mental health scores below the 50<sup>th</sup> percentile score for the U.S. population.

### Outpatient Utilization

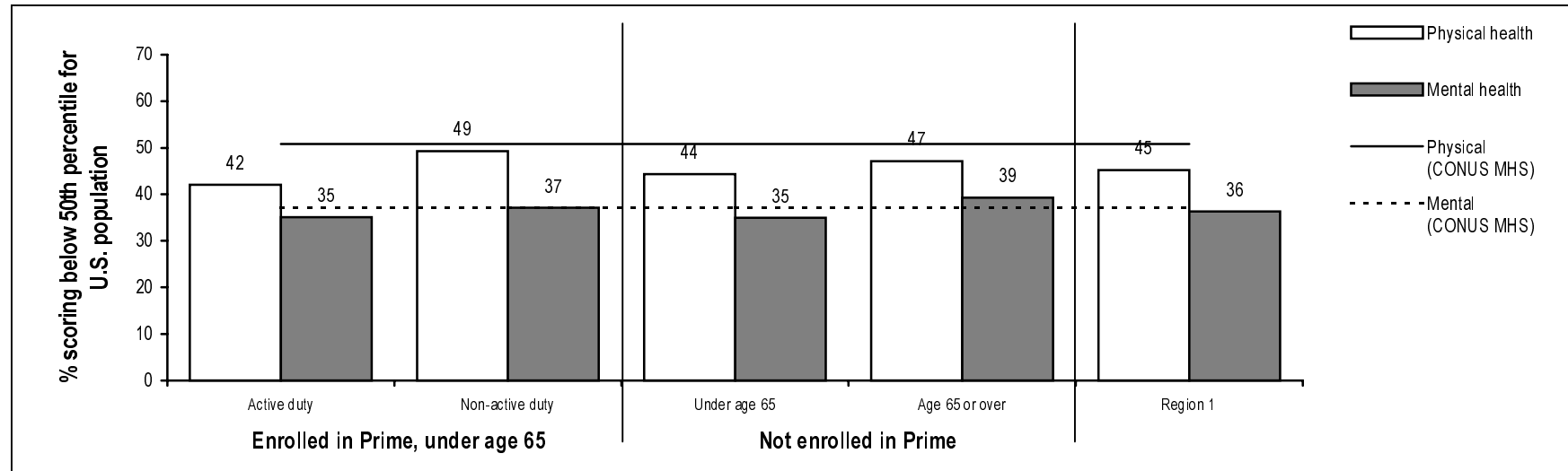
- Ten percent of Region 1 beneficiaries reported using an MTF emergency room at least once in the past 12 months and 15 percent reported using a CTF emergency room.
- Beneficiaries in the region and in CONUS MHS overall made an average of 3.1 and 3.2 outpatient visits to MTFs in 1998 reflecting no significant change from 1997.
- There were changes in the number of outpatient visits to MTFs by 3 beneficiary groups in Region 1. Visits by non-active duty beneficiaries enrolled in Prime rose from 4.0 in 1997 to 5.6 in 1998. The reverse occurred among beneficiaries *not* enrolled in Prime. In this group, visits dropped from 2.5 to 1.9, for those under age 65, and from 2.5 to 1.7 for those age 65 and over.
- There were, on average, 5.2 out patient CTF visits by Region 1 beneficiaries in 1998 (with no significant change from 1997). The number of outpatient CTF visits was highest among beneficiaries *not* enrolled in Prime. In this group, CTF visits averaged 6.4 for those under age 65 and 8.3 for those age 65 and over.

### Use of Military Pharmacies

- Relying on military pharmacies for civilian prescriptions is most common among retirees and their survivors or dependents age 65 or over, 20 percent obtained at least 7 civilian prescriptions at a military pharmacy. This compares with only 2 percent of active duty beneficiaries under 65 and 6 percent of other beneficiaries under age 65.

## 5.1 Physical and Mental Health Status of Beneficiaries in Region 1 Relative to the U.S. Population, by Enrollment Status

*This chart presents a composite response to questions 105 through 111, which relate to general physical and mental health. These scores are age-adjusted.*



### Population:

All beneficiaries

### Sample size:

8,512

### Vertical axis:

Percent of the adult MHS population whose physical or mental health score (adjusted for age) is below the 50<sup>th</sup> percentile score for the overall adult U.S. population

### Horizontal axis:

Active duty status, TRICARE Prime enrollment, age, and region overall

### What the exhibit shows:

- How the overall physical and mental health status of beneficiaries in Region 1 compares with that of the general U.S. population.
- How the physical and mental health of TRICARE Prime enrollees compares with that of other beneficiaries

### Findings:

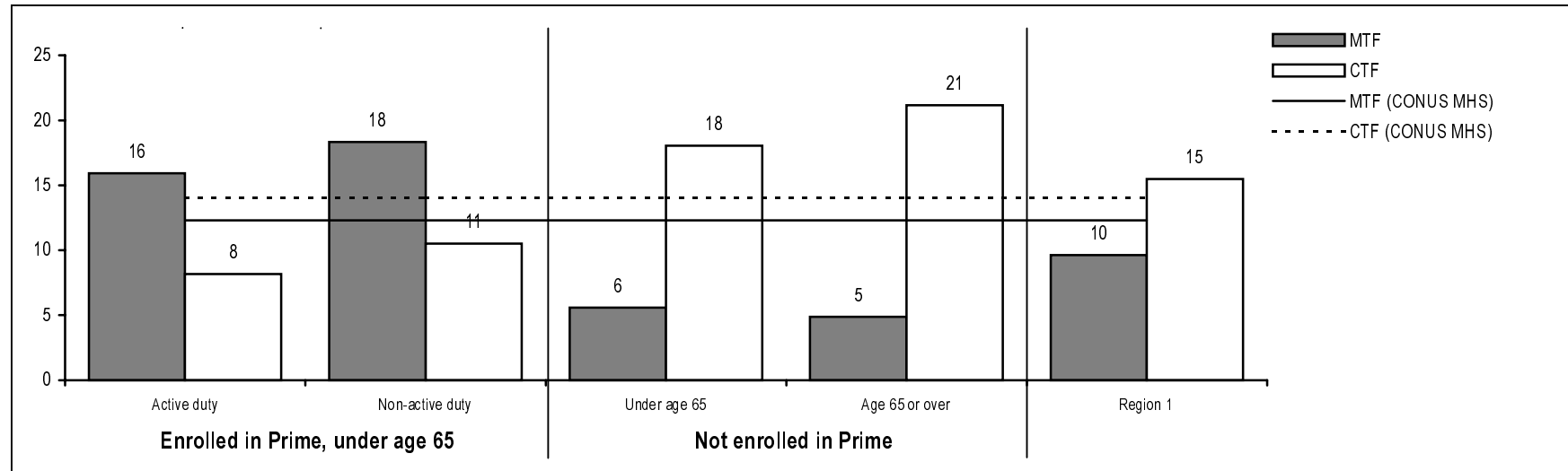
On average, beneficiaries in Region 1 appear to be in better physical and mental health compared to their civilian counterparts. Forty-five percent of Region 1 beneficiaries have a physical health score below the 50<sup>th</sup> percentile score for the U.S. population.

Region 1 beneficiaries in all groups scored substantially higher in mental health than their peers in the U.S. population; overall, 36 percent had mental health scores below the 50<sup>th</sup> percentile score for the U.S. population

## 5.2 Population with One or More Visits to a Military or Civilian Emergency Room, by Enrollment Status

*Q.11: How many times did you go to a military emergency room to get care for yourself?*

*Q.13: How many times did you go to a civilian emergency room for your own care?*



### Population:

All beneficiaries

### Sample size:

8,722

### Vertical axis:

Percent who had a least one emergency room visit to a military or civilian facility

### Horizontal axis:

Active duty status, TRICARE Prime enrollment, age, and region overall

### What the exhibit shows:

- If TRICARE Prime enrollees are more likely to use an emergency room compared with other beneficiaries
- If use of MTF emergency rooms is greater than use of CTF emergency rooms

### Findings:

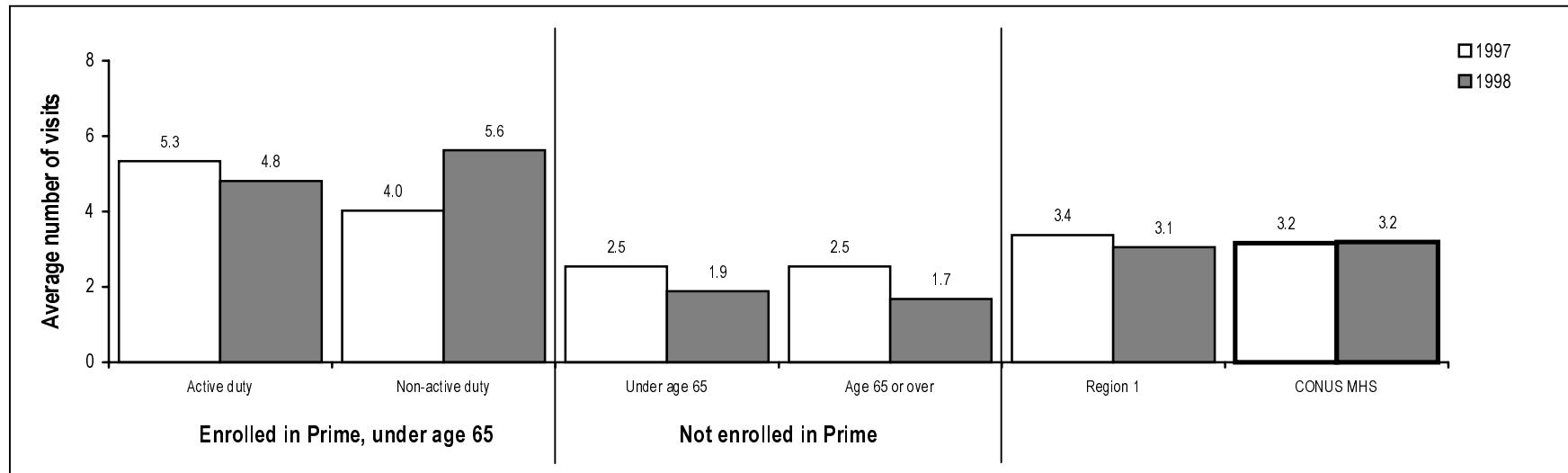
In Region 1, 10 percent of beneficiaries reported using an MTF emergency room at least once in the past 12 months; 15 percent reported using a CTF emergency room.

More TRICARE Prime enrollees used MTF emergency rooms than CTF emergency rooms; 16 percent of active duty enrollees had at least one MTF emergency room visit compared with 8 percent of non-active duty enrollees.

Use of MTF emergency rooms ranged from 5 percent by non-enrollees age 65 and over to 18 percent by non-active duty TRICARE Prime enrollees. Use of CTF emergency rooms ranged from 8 percent by active duty beneficiaries to 21 percent by beneficiaries age 65 and over.

### 5.3 Average Number of Outpatient Visits to a Military Treatment Facility, by Enrollment Status, 1997-1998

*Q.7: How many outpatient visits did you make to a military health professional or health care facility?*



**Population:**

All beneficiaries

**Sample size:**

1997 – 8,443

1998 – 8,547

**Vertical axis:**

Average number of outpatient visits to a MTF per beneficiary in 1997 and 1998

**Horizontal axis:**

Active duty status, TRICARE Prime enrollment, age, and region and CONUS MHS overall

**What the exhibit shows:**

- The average number of outpatient visits to MTFs by beneficiaries in Region 1
- If outpatient use of MTFs in Region 1 changed from 1997 to 1998
- If some groups of Region 1 beneficiaries use MTFs more than others

**Findings:**

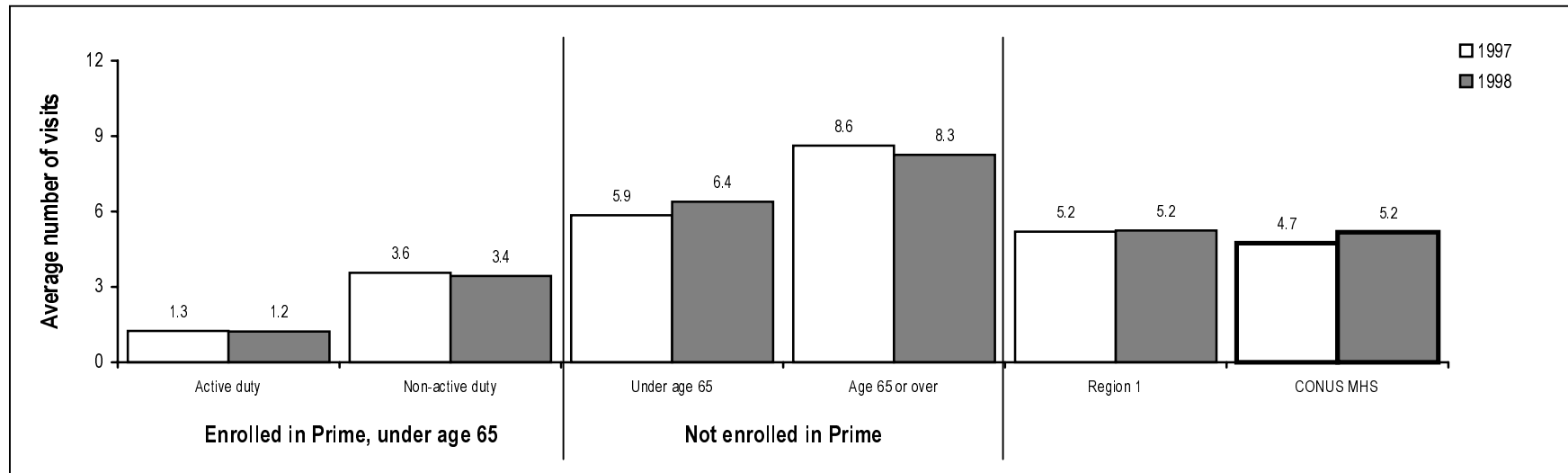
Beneficiaries in the Region and in CONUS MHS overall made an average of 3.1 and 3.2 outpatient visits to MTFs in 1998 reflecting no significant change from 1997.

There were changes in the number of outpatient visits to MTFs by 3 beneficiary groups in Region 1. Visits by non-active duty beneficiaries enrolled in Prime rose from 4.0 in 1997 to 5.6 in 1998. The reverse occurred among beneficiaries *not* enrolled in Prime. In this group, visits dropped from 2.5 to 1.9, for those under age 65, and from 2.5 to 1.7 for those age 65 and over.

MTF outpatient utilization was highest among Prime enrollees. Prime enrollees had approximately 3 more MTF visits compared with other beneficiaries in the region.

## 5.4 Average Number of Outpatient Visits to a Civilian Treatment Facility, by Enrollment Status, 1997-1998

**Q.9: How many outpatient visits did you make to a civilian health professional or health care facility?**



### Population:

All beneficiaries

### Sample size:

1997 – 8,280

1998 – 8,634

### Vertical axis:

Average number of outpatient visits to a CTF per beneficiary in 1997 and 1998

### Horizontal axis:

Active duty status, TRICARE Prime enrollment, age, and region and CONUS MHS overall

### What the exhibit shows:

- The average number of outpatient visits to CTFs by beneficiaries in Region 1
- If outpatient use of CTFs in Region 1 changed from 1997 to 1998
- If some groups of Region 1 beneficiaries use CTFs more than others

### Findings:

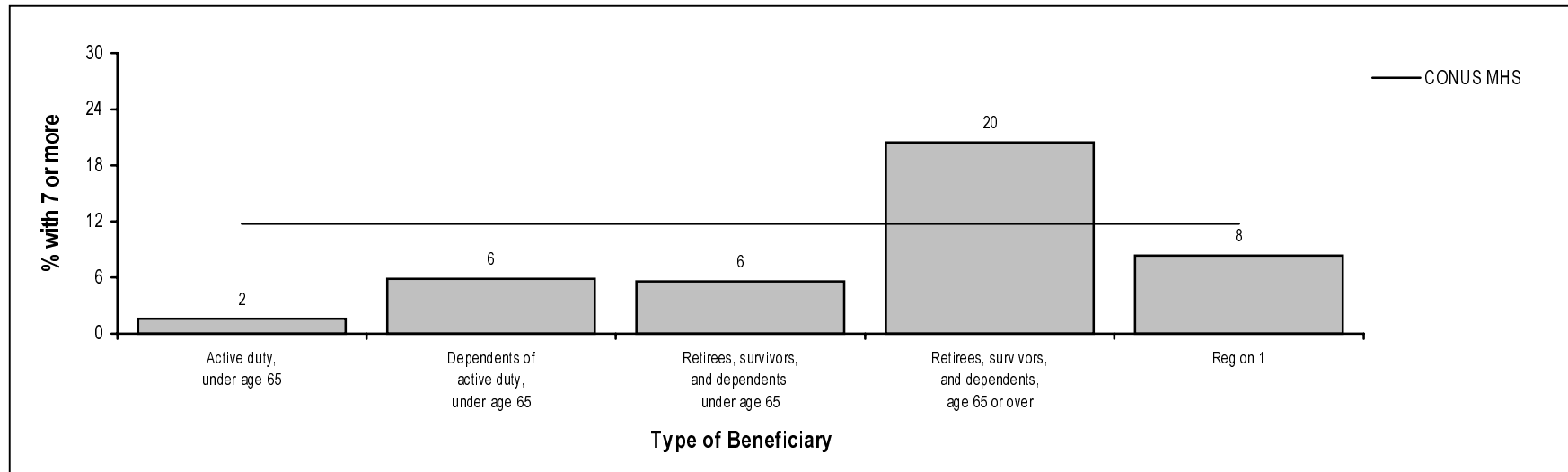
There were, on average, 5.2 outpatient visits to CTFs by Region 1 beneficiaries in 1998 (with no significant change from 1997). CONUS MHS beneficiaries also reported 5.2 outpatient visits to CTFs in 1998 (an increase from 4.7 in 1997).

CTF outpatient utilization was highest among beneficiaries *not* enrolled in Prime. In this group, CTF visits averaged 6.4 for those under age 65 and 8.3 for those age 65 and over.



## 5.5 Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

*Q.14: How many prescriptions did you have that were written by a civilian provider but were filled with a military pharmacy?*



### Population:

All beneficiaries

### Sample size:

8,669

### Vertical axis:

Percent who reported getting 7 or more civilian provider prescriptions (or refills) from a military pharmacy

### Horizontal axis:

Type of beneficiary, age and Region 1 overall

### What the exhibit shows:

- If beneficiaries in Region 1 frequently use military pharmacies to fill civilian prescriptions
- If some groups of Region 1 beneficiaries are more likely to fill civilian prescriptions at military pharmacies
- If such use of military pharmacies is more prevalent in Region 1 versus CONUS MHS overall

### Findings:

Eight percent of Region 1 beneficiaries filled at least 7 civilian prescriptions in an MTF pharmacy, compared to 12 percent of CONUS MHS beneficiaries.

Relying on military pharmacies for civilian prescriptions is most common among retirees and their survivors or dependents age 65 or over, 20 percent obtained at least 7 civilian prescriptions at a military pharmacy. This compares with only 2 percent of active duty beneficiaries under 65 and 6 percent of other beneficiaries under age 65.

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## Chapter

6

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## Use of Preventive Services

This chapter analyzes a series of survey questions that asked MHS beneficiaries to report their use of selected preventive services: prenatal care in the first trimester of pregnancy, breast and cervical cancer screening, flu shots among the elderly, and screening for hypertension and prostate disease.

The findings for MHS beneficiaries are compared with the federal government's *Healthy People 2000* goals for improving the nation's health (see *Healthy People 2000 Review 1997*, DHHS Publication No. PHS 98-1256). The Healthy People 2000 goals are indicated by hatched lines; findings for CONUS MHS overall are indicated by solid lines.

Exhibits 6.1, 6.2, 6.5, and 6.6, show regional variation in the use of prenatal care, screening for breast cancer screening and prostate disease, and flu shots. Exhibits 6.3 and 6.4 show results for cervical cancer and hypertension screening for active duty Prime enrollees, non-active duty Prime enrollees, and all other beneficiaries.

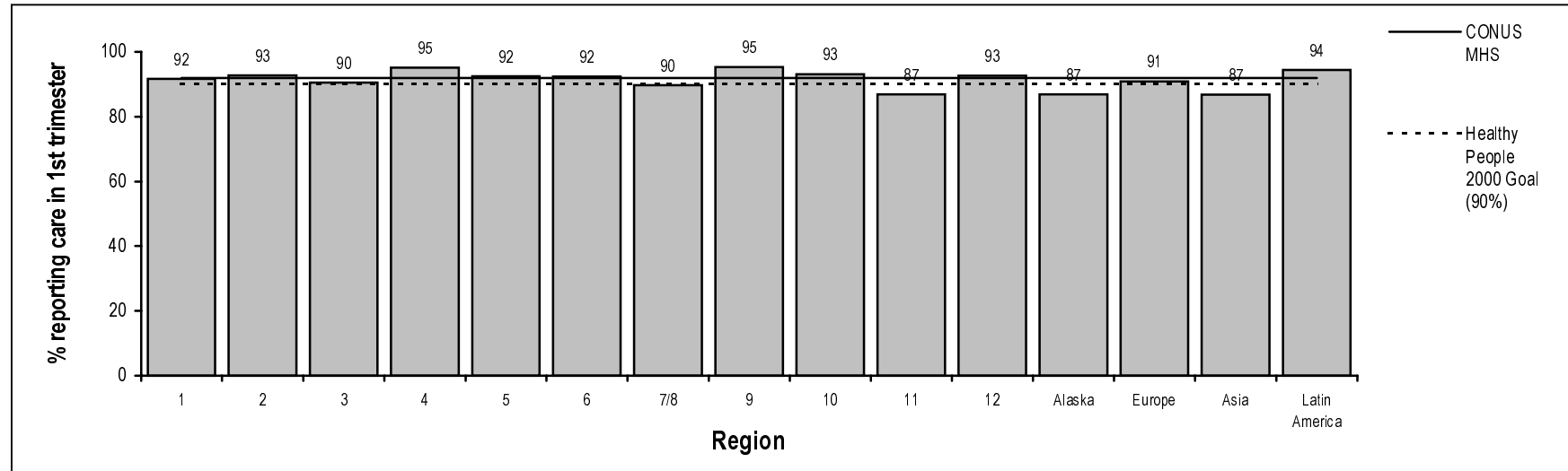
Since national goals for prostate disease screening have not been established, a hatched line does not appear in Exhibit 6.6. However, the prostate findings can be assessed with respect to the American Cancer Society recommendation that men age 50 and over be screened annually for prostate disease.

### Key Findings

- MHS delivery of preventive services in Region 1 meets or exceeds the goals set by *Healthy People 2000* for prenatal care, breast and cervical cancer screening, hypertension, and flu shots.
- Ninety-two percent of pregnant women reported first trimester prenatal care.
- Almost 9 in 10 women age 50 and over (87 percent) were screened for breast cancer in the previous two years.
- Eighty-eight percent of women had a Pap smear in the past 3 years. Women enrolled in TRICARE Prime with military PCMs had the highest Pap smear rate (94 percent) compared with other beneficiary groups in Region 1.
- Ninety-four percent of beneficiaries had a blood pressure reading in the past 2 years and knew if their blood pressure was too high.
- Eighty percent of beneficiaries age 65 or over in Region 1 had a flu shot in the past 12 months.
- Region 1 ranked second among the regions in rates of prostate screening. Seventy one percent of men age 50 and over were screened for prostate disease in the past 12 months.

## 6.1 Timing of First Prenatal Care, by Region

**Q.31: When during your pregnancy did you first begin receiving prenatal care from a doctor or other health care professional?**



### Population:

Female beneficiaries, age 18 and over, who reported being pregnant "now" or in the past 12 months

### Sample size:

3,121

### Vertical axis:

Percent who had prenatal care in their first trimester of pregnancy

### Horizontal axis:

All regions

### What the exhibit shows:

- The percent of pregnant women who had a prenatal visit during their first trimester of pregnancy
- If access to prenatal care varies by region
- If Region 1 and the MHS overall meet the Healthy People 2000 goal that at least 90 percent of pregnant women get care in their first trimester by the year 2000

### Findings:

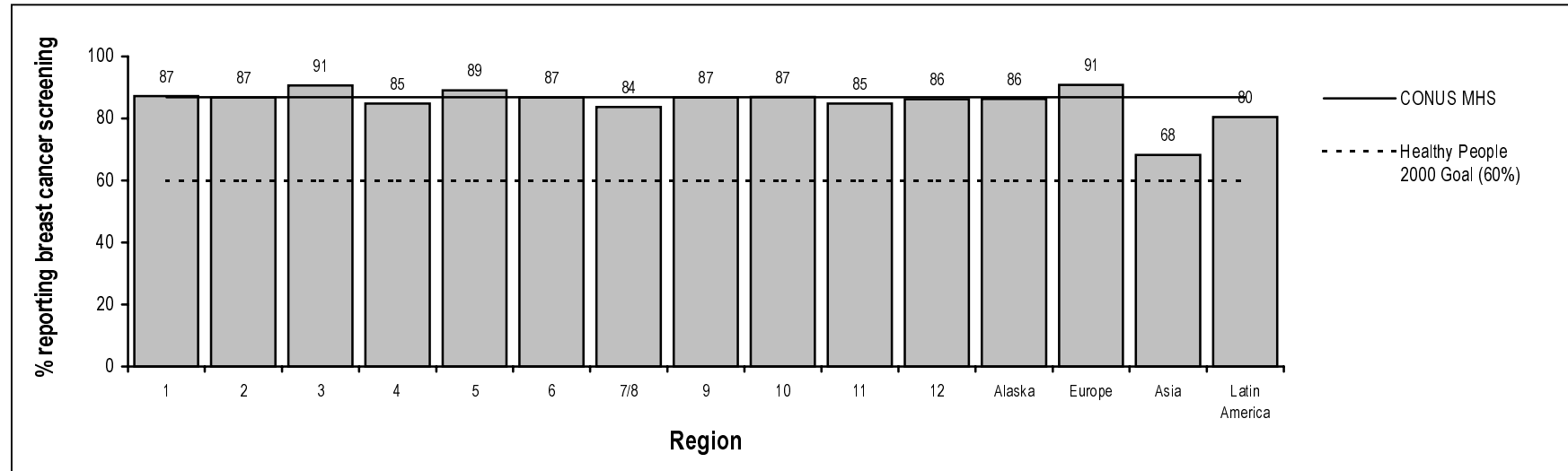
Ninety-two percent of pregnant women in Region 1 report first trimester prenatal care. This exceeds the Healthy People 2000 goal of 90 percent, as does the proportion of pregnant women in CONUS MHS overall (92 percent).

First trimester prenatal care ranged from a low of 87 percent in Region 11, Alaska, and Asia, to 95 percent in Regions 4 and 9.

Twelve regions met or exceeded the Healthy People 2000 goal.

## 6.2 Breast Cancer Screening in the Past 2 Years, by Region

*Q.29b: When was the last time your breasts were checked by mammography or other x-ray like procedure?*



### Population:

Female beneficiaries age 50 and over

### Sample size:

9,431

### Vertical axis:

Percent who reported having a "mammography or other x-ray like procedure" in the past 2 years

### Horizontal axis:

All regions

### What the exhibit shows:

- The percent of women age 50 and over who were screened for breast cancer in the past 2 years
- If Region 1 and other regions meet the Healthy People 2000 goal that at least 60 percent of women age 50 and over have been screened for breast cancer in the past 2 years

### Findings:

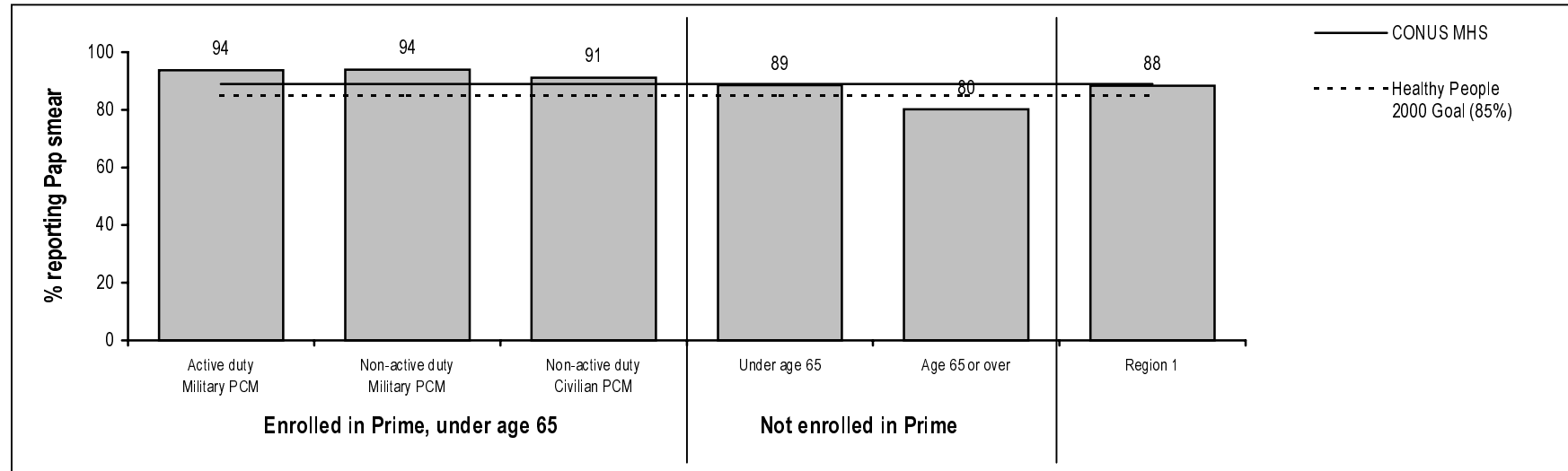
Almost 9 in 10 women age 50 and over in Region 1 (87 percent) were screened for breast cancer in the previous two years.

All the regions far exceeded the Healthy People 2000 goal of 60 percent.

Regional mammography rates range from 68 percent in Asia to 91 percent in Europe. Within CONUS MHS, rates range from 84 percent in Regions 7/8 to 91 percent in Region 3.

## 6.3 Cervical Cancer Screening in the Past 3 Years, by Enrollment Status

**Q.28: When did you last have a routine female examination with a Pap smear?**



### Population:

Female beneficiaries age 18 and over

### Sample size:

3,648

### Vertical axis:

Percent who reported having a "routine physical examination with a Pap smear" in the past 3 years

### Horizontal axis:

Active duty status, TRICARE Prime enrollment, military or civilian PCM, and Region 1 overall

### What the exhibit shows:

- The percent of women in Region 1 who have been screened for cervical cancer in the past 3 years
- If some groups of women in Region 1 are more likely to be screened than other women
- If Region 1 meets the Healthy People 2000 goal that at least 85 percent of women have had a Pap smear in the past 3 years

### Findings:

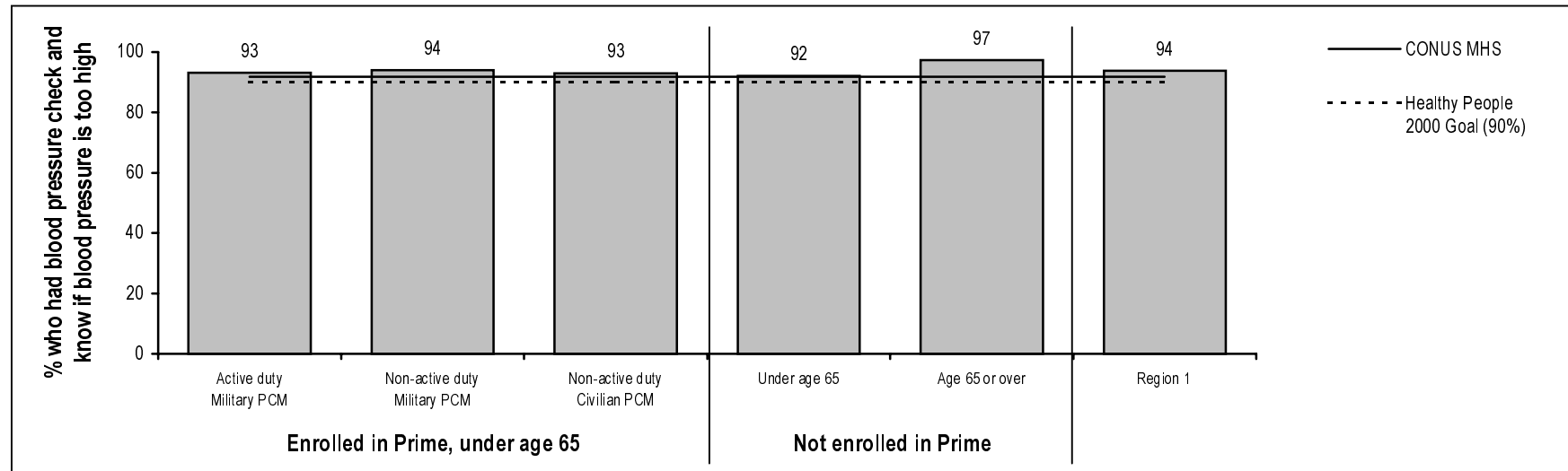
Eighty-eight percent of women in Region 1 had a Pap smear in the past 3 years, exceeding the Healthy People 2000 goal of 85 percent. Women age 65 and over have a Pap smear rate of 80 percent. Though less than the rate for other beneficiary groups, this exceeds the Healthy People 2000 goal of 70 percent, specifically established for women age 70 and over.

Women enrolled in TRICARE Prime with military PCMs were the most likely to have had a Pap smear (94 percent) compared with other beneficiary groups in Region 1.

## 6.4 Hypertension Screening in the Past 2 Years, by Enrollment Status

**Q.17a: When did you last have a blood pressure reading?**

**Q.17b: Do you know if your blood pressure is too high or not?**



### Population:

All beneficiaries

### Sample size:

8,661

### Vertical axis:

Percent who had a "blood pressure reading" in the past 2 years and know if their blood pressure is too high

### Horizontal axis:

Active duty status, military or civilian PCM, TRICARE Prime enrollment, age, and Region 1 overall

### What the exhibit shows:

- Percent of beneficiaries in Region 1 who had a blood pressure reading in the past 2 years and know if their blood pressure is too high
- If some groups of MHS beneficiaries in Region 1 are more likely than others to be aware of their risk for hypertension
- If Region 1 meets the Healthy People 2000 goal that 90 percent of adults had a blood pressure check in the past 2 years *and* know if it is too high

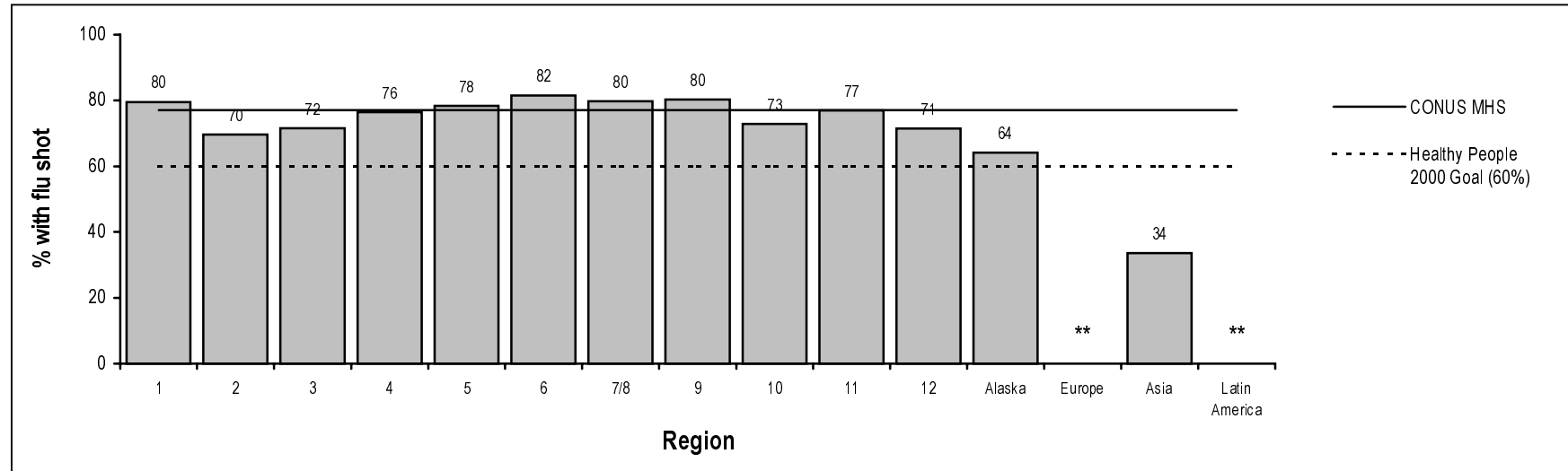
### Findings:

The proportion of Region 1 beneficiaries who had a blood pressure reading in the past 2 years and knew if their blood pressure was too high in the previous 2 years (94 percent) exceeds the Healthy People 2000 goal of 90 percent.

Ninety-seven percent of Region 1 beneficiaries age 65 or over and not enrolled in Prime had a blood pressure reading in the past 2 years and knew if their blood pressure was too; the highest of all Region 1 beneficiary groups.

## 6.5 Flu Shots Among Population Age 65 and Over in the Past 12 Months, by Region

**Q.19: When did you last have a flu shot?**



### Population:

Beneficiaries age 65 and over

### Sample size:

7,075

### Vertical axis:

Percent who had a flu shot less than 12 months ago

### Horizontal axis:

All regions

### Double Asterisks (\*\*):

Indicates the value is suppressed because of insufficient sample size

### What the exhibit shows:

- The percent of beneficiaries age 65 and over who had a flu shot in the past 12 months
- If some regions are more likely than others to provide flu shots to elderly beneficiaries
- If Region 1 and other regions meet the Healthy People 2000 goal that 60 percent of persons age 65 or over get an annual flu shot

### Findings:

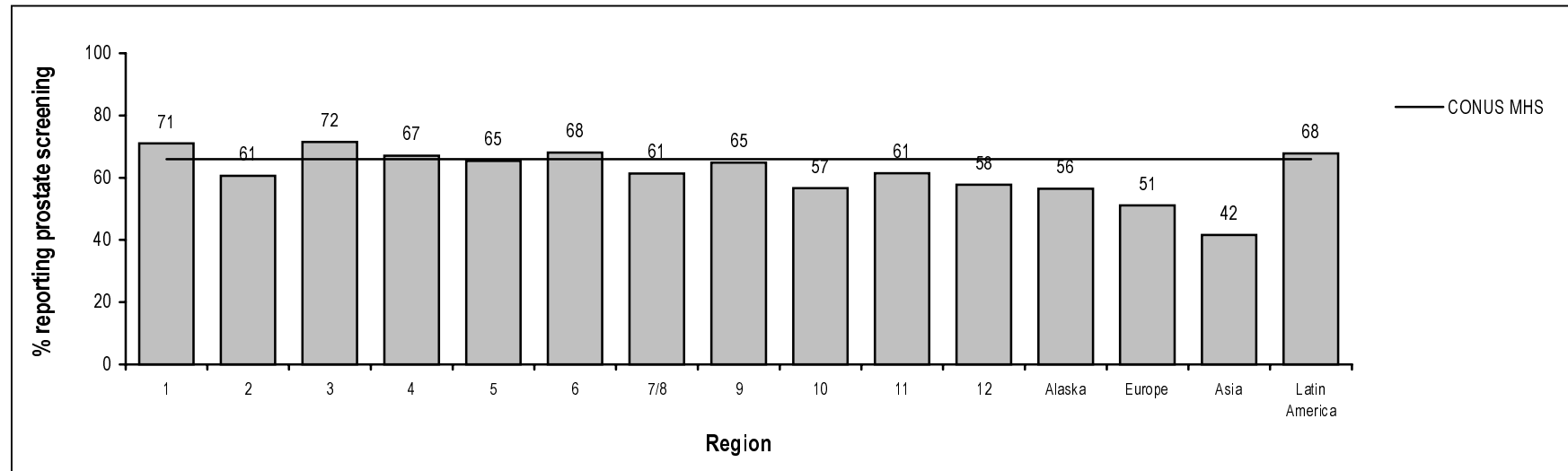
Eighty percent of beneficiaries age 65 or over in Region 1 had a flu shot in the past 12 months, far exceeding the Healthy People 2000 goal of 60 percent.

Within CONUS MHS, flu shot rates ranged from 64 percent in Alaska to 82 percent in Region 6. All the CONUS MHS regions exceeded the Healthy People 2000 goal.



## 6.6 Prostate Disease Screening in the Past 12 Months, by Region

**Q.27: When was the last time you had a prostate gland examination or blood test for prostate disease?**



### Population:

Male beneficiaries age 50 and over

### Sample size:

10,999

### Vertical axis:

Percent who had a "prostate gland examination or blood test for prostate disease" in the past 12 months

### Horizontal axis:

All regions

### What the exhibit shows:

- Percent of men age 50 and over who had a prostate exam in the past 12 months
- If some regions are more likely than other regions to screen men for prostate disease

### Findings:

The American Cancer Society recommends annual screening for prostate disease for men age 50 and over.

Region 1 ranked second among the regions in rates of prostate screening, 71 percent of Region 1 men age 50 were screened for prostate disease in the past 12 months.

Prostate screening rates ranged from 42 percent in Asia to 72 percent in Region 3. Within CONUS MHS, the rates ranged from 57 percent in Region 10 to 72 percent in Region 2.

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## Chapter

7

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## Performance Improvement Plan

This chapter presents a performance improvement plan (PIP) for Region 1. In summarizing the satisfaction questions in the 1998 HCSDDB, the purpose of the PIP is to identify: (1) the key aspects of services or care that most influence beneficiary satisfaction in the region and (2) those aspects that need to be improved in order to increase beneficiary satisfaction.

Each point in Exhibit 7.1 represents one of the questions about satisfaction with military health care, Questions 100a-s. For example, point H represents beneficiary satisfaction with the length of the wait in the provider's office, as indicated by the key to the right of the plot. The "importance" score in the figure (Y-axis) is the correlation of overall satisfaction with ratings of these individual aspects of health care. (A correlation was developed for each item.) For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. The closer a point is to the top of the exhibit, the more important the item is to overall satisfaction with military health care.

Services above the horizontal line, in the middle of the exhibit, are of greater importance to beneficiaries than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

### The quadrants may be interpreted as follows:

- **Top priority improvement opportunities are in the top left quadrant.** These aspects of health care should receive top priority for improvement because they are the ones with which beneficiaries are relatively dissatisfied and are important to overall satisfaction. These areas offer the greatest potential for increasing overall beneficiary satisfaction.
- **Top priority aspects of care to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important to overall satisfaction. The current level of care in these areas should be maintained.
- **Secondary priority improvement opportunities are in the bottom left quadrant.** These aspects of health care may need to be improved because beneficiaries are dissatisfied with them, but the priority for attending to them is relatively low because they are not especially important to overall satisfaction.

- **Secondary priority aspects of care to maintain are in the bottom right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied but are not especially important to overall satisfaction. To the extent that these aspects of care meet beneficiaries' expectations, they should be maintained at their current level, but because they have relatively less to do with overall satisfaction, they can receive secondary priority.

## **Key Findings**

The PIP analysis highlights the features of MHS health care that, if improved, can lead to greater beneficiary satisfaction. This year's HCSDb revealed that the following aspects of care were critical to beneficiary satisfaction in Region 1, but received relatively low satisfaction ratings:

- Access to health care
- Access to specialist
- Ability to diagnose health care problems

## 7.1 Performance Improvement Plan

Bold items in the key to the right of this Performance Improvement Plan (PIP) identify aspects of military health care in Region 1 that need remedial attention. This means that these aspects of care were important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [item L – S].

